



# FAMILY AND MEDICAL LEAVE (FMLA) REQUEST

## TO BE COMPLETED BY EMPLOYEE and SUBMITTED TO HUMAN RESOURCES

**NOTE TO EMPLOYEE:** All requests for FMLA must be submitted as promptly as possible after you become aware of a need for leave. Failure to notify your employer in a timely manner may result in a delay in the processing of your FMLA. You must continue to follow your departments existing attendance policy and call-in procedures.

EMPLOYEE NAME (Last, First, M.I.)		DEPARTMENT
EMPLOYEE ID#	JOB TITLE	CURRENT SCHEDULED HOURS PER WEEK
WORK PHONE NUMBER/PERSONAL PHONE NUMBER (Include Area Codes)		SUPERVISOR NAME

### EMPLOYEE CONTACT INFORMATION DURING LEAVE

STREET / PO BOX ADDRESS (include Apt. #)	CITY	STATE	ZIP
EMPLOYEE TELEPHONE (Include Area Code)	EMAIL ADDRESS		

### REASON FOR LEAVE (choose one):

- Birth, adoption, or foster care placement. Anticipated date of delivery/placement is: \_\_\_\_\_
- Employee's own serious health condition.
- To care for a family member with a serious health condition.  
Name of family member: \_\_\_\_\_ Relationship to family member: \_\_\_\_\_
- To care for a covered military service member with a serious injury or illness.  
Name of service member: \_\_\_\_\_ Relationship to service member: \_\_\_\_\_
- For a qualifying exigency due to military deployment to a foreign country of the employee's spouse, son or daughter, or parent in the regular or reserve armed forces.  
Name of family member: \_\_\_\_\_ Relationship to family member: \_\_\_\_\_

### BRIEFLY EXPLAIN REASON FOR LEAVE REQUEST

### ANTICIPATED DATES OF LEAVE:

- A block of leave. Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_
  - Intermittent leave or reduced work schedule leave. Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- Describe requested schedule of leave and/or frequency and duration of intermittent leave, if known: \_\_\_\_\_

### LEAVE USAGE: What type(s) of leave do you plan on using during your FMLA/WFMLA related absence? Check all applicable types.

- Sick Leave     Vacation     Personal Holiday     Compensatory Time     Holiday     Unpaid Leave

EMPLOYEE SIGNATURE	DATE SIGNED
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### FOR HUMAN RESOURCES USE ONLY

LEAVE REQUEST IS  APPROVED (approved under):  FMLA  WFMLA  FMLA & WFMLA OR  DENIED  
 IF APPROVED BEGINNING DATE \_\_\_\_\_ END DATE \_\_\_\_\_ FREQUENCY \_\_\_\_\_ DURATION \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

HUMAN RESOURCES REPRESENTATIVE NAME & TITLE	DATE SIGNED	FMLA REQUEST #
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**DISTRIBUTION:** Original – Designated HR File; Copy – Employee