

FAMILY OR MEDICAL LEAVE REQUEST FORM

INSTRUCTIONS FOR THE EMPLOYEE

- Complete your part of the form and submit to HR.
- You will be notified as to whether the leave is approved or not.

EMPLOYEE INFORMATION	
Employee Name _____	
Employee Number _____	Title _____

TYPE OF LEAVE
<p>I hereby request the following type of leave:</p> <p><input type="checkbox"/> Family leave for the:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Birth of my son or daughter</p> <p style="margin-left: 20px;"><input type="checkbox"/> Placement of a child with me for <input type="checkbox"/> adoption <input type="checkbox"/> foster care</p> <p style="margin-left: 20px;">Anticipated date of birth or placement: _____</p> <p><input type="checkbox"/> Family leave to care for a spouse, son, daughter, or parent with a serious health condition</p> <p style="margin-left: 20px;">Family member's full name: _____</p> <p style="margin-left: 20px;">Relationship to you: <input type="checkbox"/> spouse <input type="checkbox"/> parent <input type="checkbox"/> son or daughter <input type="checkbox"/> other (if applicable)</p> <p style="margin-left: 20px;">Family member's address: _____</p> <p>_____</p> <p><input type="checkbox"/> Medical leave for my own serious health condition (specify): _____</p> <p>_____</p>

AMOUNT OF LEAVE
<p>(1) I request that the leave be granted for the following period of time:</p> <p style="margin-left: 20px;">Beginning on (date): _____ Ending on (date): _____</p> <p>(2) I further request that the leave be granted for the following reduced or intermittent leave schedule:</p> <p>_____</p> <p>(3) I would like to substitute the following paid leave time, if applicable, during my family or medical leave:</p> <p style="margin-left: 20px;">Type: _____ Amount: _____</p>

EMPLOYEE CERTIFICATION AND SIGNATURE
<p>I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and will subject me to discipline up to and including termination.</p> <p>Signature: _____ Date: _____</p>

MAINTAIN THIS FORM IN A FMLA CONFIDENTIAL FILE

HR USE ONLY		
Leave Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No For what period? _____	Expected Return Date _____	
The following paid leave will be substituted:	Insurance premiums to be paid as follows:	
Remarks:		
Signature _____	Title _____	Date _____

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