

FMLA LEAVE REQUEST FORM

(The following request is to be completed and returned to the Human Resource Office)

EMPLOYEE REQUEST

Employee's Name

Employee's Department

Date

Request for Full-Time Leave

I request a leave of absence from _____ (date) to _____ (date)

for the following reason:

- For birth of my child and/or to care for the newborn child.
- For placement of a child with me for adoption or foster care.
- To care for my (circle one): spouse, child or parent with a serious health condition.
Name: _____
- Because my own serious health condition makes me unable to perform one of the essential functions of my job.
- For another reason. (Please specify):

Request for Intermittent or Reduced-Schedule Leave

- I request intermittent leave or reduced-schedule leave at the following times:

Schedule: _____

Reason: _____

Substitution of Paid Leave

- I request to use (check all that apply):
 - Paid Vacation/Holovac
 - Sick Hours
 - Compensatory Time

Location During Leave

I can be reached at the following address and phone number during my leave:

Employee Signature

Approved By

Date