



Request for Family and Medical Leave Act (FMLA)

Name _____

Today's Date _____

Begin Date of Requested Leave _____

Proposed Date of Return to Work _____

Reason for FMLA Request (*check one*):

- Birth of a child, or placement of a child with you for adoption or foster care.
- A serious health condition that makes you unable to perform the essential functions of your job.
- A serious health condition affecting your spouse, child, or parent for which you are needed to provide care.
- Qualifying exigency leave: because your spouse, child, or parent is on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Caregiver leave: You are the spouse, child, parent, or next of kin of a covered military service member with a serious injury or illness incurred in the line of duty on active duty.

Comments: _____

Employees must give a 30-day notice of their request for leave under the FMLA provisions by completing this form and returning it to Human Resources. In those cases where advance notification is not possible, the employee should notify Human Resources within two (2) days of learning of the need for leave under FMLA. For more details of your eligibility and rights under FMLA, please contact Human Resources at ext. 8710 or visit www.dol.gov/esa/whd/fmla.