



FMLA Leave Request Form

To be completed by the employee

HR Signature:

Employee Name:

Phone Number:

Email:

Department:

Job Title:

Supervisor:

Date of Hire:

Today's Date:

Status: Full-Time Part-Time Temporary

Reason for Requesting Leave

I am requesting family/medical leave for the following reason(s) (check all that apply):

Birth of my child; to care for my newborn child

Placement of a child with me for Adoption Foster Care

Caring for a family member with a serious health condition

- Name & Relationship of family member to you:

My own serious health condition

Qualifying exigency because a family member is on or has been called to covered active duty in the Regular Armed Forces (including the National Guard and Reserves) to a foreign country

- Name & Relationship of family member to you:

Leave to care for a family member who is a current member of the Regular Armed Forces (including the National Guard and Reserves) or is a covered veteran who is undergoing medical treatment, recuperation, therapy, is in outpatient status, or on the temporary disability retired list for a serious injury or illness.

- Name & Relationship of family member to you:

Other (please explain)

Type of Leave (Duration)

Full Leave: Expected Begin Date:

Expected End Date:

Intermittent leave request that the leave be granted for the following reduced or intermittent leave schedule as follows:

I certify that the above information is true and correct to the best of my knowledge:

Employee Signature:

Date: