

REQUEST FOR FAMILY OR MEDICAL LEAVE
(FMLA – Family and Medical Leave Act of 1993)

Social Security # _____/_____/_____ Position # _____

Request for Family or Medical Leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin.

Name _____ Date _____
Department _____ Title _____
Length of Service _____ Hire Date _____

I request Family or Medical Leave for one or more of the following reasons:

- Because of the birth of my child and in order to care for him/her.
- Because of the placement of a child with me for adoption or foster care.
- In order to care for my spouse, child or parent.
- For a serious health condition that makes me unable to perform the functions of my position.
- Intermittent leave schedule due to a serious health condition.

Leave Begin Date and Expected Return Date:

Leave to Start: _____ Expected Return Date: _____

Employee's Signature Date

Leave Approval

For full day/intermittent leave:

Supervisor's Signature: _____ Date: _____

Human Resources Approval Signature: _____ Date: _____

- With pay from _____ to _____
- Without pay from _____ to _____