

Family and Medical Leave *Request*

(Family and Medical Leave Act of 1993)

Date: _____

This request must be submitted to your supervisor at least 30 days, when practicable, before the leave is to start.

Subject: Request For Family/Medical Leave

Employee's Name: _____ Title: _____
 Social Security #: _____ Supervisor: _____
 Hire Date: _____ Length of Service: _____
 Employee is Full Time: _____ Part Time: _____

I am requesting leave for the following reason(s):

The birth and care of my child
 Expected delivery date: _____
 Expected start date of leave: _____ Expected date of return: _____

The adoption or foster care placement of a child (*certified legal documentation must be submitted*)
 Start date of leave: _____ Expected date of return: _____

A serious health condition that makes me unable to perform the essential functions of my job (*medical documentation must be submitted*)
 Start date of leave: _____ Expected date of return: _____

A serious health condition affecting me, my spouse, my child, or parent, for which I am needed to provide care (*medical documentation must be submitted*)
 Start date of leave: _____ Expected date of return: _____

A serious illness or injury sustained in the line of duty on active duty affecting your spouse, child, parent, next of kin, for which you are needed to provide care for the service member.

A spouse, child, or parent is on active duty or has been notified of an impending call to active duty status, in support of a contingency operation.¹

Employee has previously taken family or medical leave

Yes No If yes, total time taken: _____

I am in agreement with the following:

I have the right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period and/or am entitled to up to 26 weeks of leave in a single 12-month period to care for a service member. I have been employed with this company for at least 12 months and have worked at least 1,250 hours. My health benefits must be maintained during any period of unpaid leave under the same conditions as if I continued to work, and I must be reinstated to the same position or an equivalent job with the same pay benefits and terms and conditions of employment upon my return from leave. If I do not return to work following FMLA leave for a reason other than the continuation, recurrence or onset of a serious health condition which would entitle me to FMLA leave, or other circumstances beyond my control, I may be required to reimburse the company for their share of health insurance premiums paid on my behalf during my FMLA leave. I may elect to substitute accrued paid leave for unpaid FMLA leave.

Employee Signature _____

Date _____

¹Eligible employees are entitled up to 12 weeks of leave because of "any qualifying exigency" arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation. Although this provision will not take effect until the Secretary of Labor issues final regulations implementing it, in the interim employers are encouraged to provide this type of leave to qualifying employees.