

## Family & Medical Leave Request Form

### Employee Information

Employee Name	Social Security Number
Employee Address	
Name of person who completed the form, (if not the employee)	

### Purpose of the Family & Medical Leave:

<p><b>Purpose of Family &amp; Medical Leave: Check all that apply</b></p> <p><input type="checkbox"/> For the birth of a child or to care for a newly-born child</p> <p><input type="checkbox"/> To care for newly-placed adopted or foster child</p> <p><input type="checkbox"/> To care for an immediate family member (spouse, employee's child, or employee's parent) with a serious health condition</p> <p><input type="checkbox"/> Because of the employee's own serious health condition, disability, or work-related illness or injury</p> <p><input type="checkbox"/> Because of a qualifying exigency arising out of the fact my ____ spouse; ____ child; or ____ parent is on active duty status or has been notified of a call to active duty in the regular Armed Forces, the National Guard or Reserves.</p> <p><input type="checkbox"/> Because I am the spouse; ____ child; ____ parent; or ____ next of kin of a covered service member with a serious illness or injury.</p> <p>Other: Please describe: _____</p>
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### Dates of Leave Requested

Anticipated Starting Date / /	Anticipated Ending Date / /	Today's Date / /	Was the employer notified about the leave at an earlier date? <input type="checkbox"/> No <input type="checkbox"/> Yes, date of earlier notice: / / How was the employer notified?
Does the employee request intermittent leave or a reduced work schedule due to a serious health condition or disability of the employee or the serious health condition of an immediate family member? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Has 30 days advance notice been given? <input type="checkbox"/> Yes <input type="checkbox"/> No - Give explanation for delay in providing notice to employer:			

### Acknowledgment & Signature

I certify that the above information is true and correct to the best of my knowledge.  I have received a copy of the Family and Medical Leave policy and I have read it and understand it.	
First Name Middle Initial Last Name (Name of person completing form; please print)	Signature of person completing form  Date