EMPLOYEE LEAVE REQUEST FORM UNDER FMLA

REASON FOR REQUESTING LEAVE

Unpaid leave must be granted for any of the following reasons:

- *Unable to perform job requirements, due to serious health condition.*
- *To care for parent, child or spouse who has serious health condition.*
- *To care for your child after birth or for placement upon adoption or foster care.*

I am requesting leave for the following reason:

☐ **Serious Health Condition (Personal)**

☐ **Serious Health Condition (check one):** ☐ **Spouse** ☐ **Parent** ☐ **Child**

☐ **Birth of Child. Expected Date of Delivery: _____**

☐ **Adoption or Placement of Child for Foster Care: _____**

Name: _____

Scheduled Date of Placemen

Physician Name:

Physician Phone Number:

Physician Fax:

☐ **Request FMLA Leave**

Dates of Leave Requested: From _____ To _____

☐ **I request Intermittent FMLA Leave**

Schedule: _____

Description:

_____

_____

☐ **I Request Reduced Schedule Leave.**

Timetable _____

Description: _____

_____

_____

If circumstances change, and I am not able to return to work on said date, I agree to inform my immediate supervisor. I understand that if I choose to have my benefits continue during my leave, I must arrange to pay my portion of the premiums.

Signature of Employee

Date

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Employee: _____ Date: _____

Department/Location: _____

SSN/Employee # : _____ Date of Hire

Telephone Number: _____

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons. Please complete and submit the following form to your immediate supervisor thirty (30) days before the leave is to commence, when practicable.

Please answer Y or N to the following questions:

ELIGIBILITY

_____ 1.) Have you been employed by this organization for at least 12 months?
(Stop here if "N" If "Y", continue to the next question)

_____ 2.) In the past we months that you have been employed by this organization, have you worked at least 1,250 hours (Approx. 8 mos. of 40-hour workweeks, OR one year of 25-hour weeks)? (continue to next question if "Y" If "N" then stop here.)

_____ 3.) Have you ever in the past, received medical and/or family leave? If so, please describe below:
Dates of Leave: From_____ to _____
Purpose of Leave: _____
_____
_____
_____
_____

_____4.) Have you ever taken intermittent leave? Have you taken off from scheduled hours?
Please Describe: _____
_____
_____
_____
_____
_____