



FAMILY AND MEDICAL LEAVE (FMLA) REQUEST

TO BE COMPLETED BY EMPLOYEE

NOTE TO EMPLOYEE: All requests for FMLA must be submitted as promptly as possible after you become aware of a need for leave. Failure to notify your employer in a timely manner according to agency procedures may result in a delay in the processing of your FMLA. You must continue to follow your work unit's existing attendance policy and call-in procedures.

EMPLOYEE NAME (Last, First, M.I.) _____

EMPLOYEE ID#	POSITION TITLE	CURRENT FTE (e.g. full-time, 75% FTE, 50% FTE)
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WORK TELEPHONE (Include Area Code and Extension)	SUPERVISOR NAME
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EMPLOYEE CONTACT INFORMATION DURING LEAVE

STREET / PO BOX ADDRESS (include Apt. #)	CITY	STATE	ZIP
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EMPLOYEE TELEPHONE (Include Area Code)	EMAIL ADDRESS
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REASON FOR LEAVE (choose one):

Birth, adoption, or foster care placement. Anticipated date of delivery/placement is: _____

Employee's own serious health condition.

To care for a family member with a serious health condition.

Name of family member: _____ Relationship to family member: _____

To care for a covered military service member with a serious injury or illness.

Name of service member: _____ Relationship to service member: _____

For a qualifying exigency due to military deployment to a foreign country of the employee's spouse, son or daughter, or parent in the regular or reserve armed forces.

Name of family member: _____ Relationship to family member: _____

BRIEFLY EXPLAIN REASON FOR LEAVE REQUEST – Confidential medical diagnosis **MUST NOT** be entered on this form:

ANTICIPATED DATES OF LEAVE:

A block of leave. Beginning Date: _____ End Date: _____

Intermittent leave or reduced work schedule leave. Beginning Date: _____ End Date: _____

Describe requested schedule of leave and/or frequency and duration of intermittent leave, if known: _____

LEAVE USAGE: What type(s) of leave do you plan on using during your FMLA related absence? Check all applicable leave type(s)

Sick Leave Vacation Personal Holiday Legal Holiday Sabbatical Unpaid Leave

EMPLOYEE SIGNATURE	DATE SIGNED
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FOR HUMAN RESOURCES USE ONLY

LEAVE REQUEST IS APPROVED (approved under): FMLA WFMLA FMLA & WFMLA OR DENIED

IF APPROVED BEGINNING DATE _____ END DATE _____ FREQUENCY _____ DURATION _____

REASON FOR DENIAL: _____

HUMAN RESOURCES SIGNATURE	DATE SIGNED	FMLA REQUEST #
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DISTRIBUTION: Original – Designated HR File; Copy – Employee