



STATE OF IDAHO FMLA/PAID PARENTAL LEAVE REQUEST FORM

Part A: To be completed by employee.

Employee Name (Printed): \_\_\_\_\_

Agency Code: \_\_\_\_\_ Job Title: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Personal Phone Number: \_\_\_\_\_

REASON FOR LEAVE

- Birth of a child, or adoption of a child, or placement of a child in foster care.
Paid Parental Leave
Due to the employees own serious health/medical condition.
To care for a qualifying family member with a serious health condition.
To attend to a Qualifying Exigency (QE) for a spouse, parent, son, or daughter of a service member who is "on active duty (or notified of an impending call or order to active duty) in the Armed Forces (including the Reserves and National Guard) in support of a contingency operation."
To care for a qualifying family member who incurred a serious injury or illness in the line of duty while on active duty in the Armed Forces.

Provide description/details as appropriate (do not include confidential medical information):

TYPE OF LEAVE REQUESTED

Continuous Intermittent Reduced Schedule

If FMLA is approved, you will be required to use your available accrued leaves such as sick leave, vacation leave, paid parental leave and/or compensatory time.

Date of anticipated start to leave: \_\_\_\_\_ Date of anticipated return to work: \_\_\_\_\_

Signature of Employee or Representative \_\_\_\_\_ Date \_\_\_\_\_

Part B: To be completed by human resources.

Date agency became aware of employee's need for FMLA: \_\_\_\_\_

Are employee and reason FMLA eligible? Yes No

HR Representative Signature \_\_\_\_\_ HR Representative Title \_\_\_\_\_ Date \_\_\_\_\_