

FMLA LEAVE REQUEST FORM

Part A: To be completed by employee and/or supervisor, and then submitted to supervisor.

Employee Name

Title/Agency/Unit

REASON FOR LEAVE:

- Birth of a child, or adoption of a child or placement of a child in foster care
Due to the employee's own serious health 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, do you wish to use available sick leave, vacation time, paid parental leave and/or compensatory while on FMLA leave?

- Yes No

If applicable, provide details:

Date leave to start:

Date of anticipated return to work:

Signature of Employee or Representative

Date

Part B: To be completed by supervisor, and then submitted to human resource contact.

Employee's PCN

Hire Date

Employee's Classification Title

- I have attached a list of essential job functions for this employee's position (for FMLA requests arising due to the employee's own serious health condition).

Supervisor Signature

Supervisor Printed Name

Date

Part C: To be completed by human resource contact.

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

- Are employee and reason for FMLA eligible? No Yes (complete FMLA Designation Notice)

HR Representative Signature

HR Representative Title

Date