



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: _____

Is the employee FMLA eligible?* Yes No

Is the reason FMLA eligible? Yes No

*Please note that the "Yes/No" buttons are set to default to "Yes." If not eligible, please select "No."

HR Representative Signature

HR Representative Title

Date