



STATE OF IDAHO FMLA/PAID PARENTAL LEAVE REQUEST FORM

If you are wishing to decline FMLA Leave, please skip page 1, and fill out page 2

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



STATE OF IDAHO FMLA DECLINATION FORM

Employee Name (Printed): _____

Agency Code: _____ **Job Title:** _____

Personal Email: _____ **Personal Phone Number:** _____

Please initial each item and sign below to indicate you have read them:

_____ I have received and reviewed my Family and Medical Leave Act Eligibility and Rights and Responsibilities notices and by my signature below I am affirmatively choosing to decline Family Medical Leave job protection for my requested absence.

_____ I understand that declining job protected leave under the Family and Medical Leave Act may result in my absence factoring into the evaluation of my job performance.

_____ I understand that this declination does not preclude me from requesting and/or accessing job protected leave under the Family Medical Leave Act at any time in the future.

_____ I understand that the agency requires me to use and exhaust available paid leave (Compensatory Time, On Call Time, if applicable, Vacation, and Sick Leave) to cover any period of absence before taking leave without pay.

_____ I understand that absences not covered by the Family Medical Leave act may be subject to the Idaho Division of Human Resources rules and statutes concerning reliable and predictable job performance, including causes for disciplinary action.

_____ I understand that I must follow my division/department's call-in procedures for any unscheduled absences.

Employee Signature

Date