Request for Family or Medical Leave of Absence

I request a leave of absence from ____________ to ____________ for (choose one):

- ☐ The birth of a child or placement of a child with me for adoption or foster care
- ☐ A serious health condition that makes me unable to perform the essential functions of my job. Certification will be required.
- ☐ A serious health condition affecting my (choose one) for which I am needed to provide care. Certification will be required.
  - ☐ Spouse
  - ☐ Child
  - ☐ Parent
- ☐ A serious illness or injury affecting my (choose one), who is a covered service member of the Armed Forces, for which I am needed to provide care. Certification will be required.
  - ☐ Spouse
  - ☐ Child
  - ☐ Parent
  - ☐ Next of kin
- ☐ A qualifying exigency as a result of the fact that my (choose one) is on active duty or has been notified of an impending call or order to active duty in the Armed Forces in support of a contingency operation
  - ☐ Spouse
  - ☐ Child
  - ☐ Parent

This leave will be on a (choose one) basis.

- ☐ Full-time
- ☐ Reduced Schedule
- ☐ Intermittent

I may elect to use Paid Time Off (PTO) during the above leave of absence. I must make arrangements to pay benefit premiums to ensure benefit coverage continues. I will be notified in writing of my eligibility for leave under the Family and Medical Leave Act.

Reduced schedule leave means that the number of hours typically worked by the employee is reduced for a specified time period. Intermittent leave means that the employee will take a few days or a few hours on a scheduled sporadic or interrupted basis. Such intermittent or reduced schedule leave will result in a reduction in the total amount of leave to which the employee is entitled. Payment of partial days for this purpose will not affect the exempt status of employees except where prohibited by state law.

A serious health condition is an illness, injury, impairment or physical or mental condition which involves in-patient care in a hospital, hospice or residential medical care facility or continuing treatment by a health care provider and which does (or could if untreated) result in a period of incapacity of four or more consecutive calendar days. Conditions for which cosmetic treatments are administered, routine dental, orthodontia or periodontal problems and illnesses such as colds, the flu, upset stomach, headaches, etc. are not ordinarily considered serious health conditions.

____
Employee name (please print)

______________________________ ______________________________
Employee Signature Date

______________________________ ______________________________
Supervisor Signature Date

______________________________ ______________________________
Human Resources Signature Date