

FMLA Employee Request Form

To request leave based on the Family and Medical Leave Act (FMLA), please complete the following request form and submit it to Human Resources at least 30 days prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical).

Employee Full Name (print clearly): _____

Current Mailing Address: _____

Personal Phone number: _____ DOB: _____

Personal Email: _____ Employee ID: _____

Requested Leave Start Date: _____ Estimated End Date: _____

How do you prefer FMLASource to contact you? Email Phone Call

1. The reason for this FMLA leave request is (select the most appropriate box):

- ☐ Birth of a child.
- ☐ Adoption or foster care.
- ☐ Care for your own serious health condition.
- ☐ Care for a child, spouse, or parent with a serious health condition.
- ☐ Care for a child, spouse, parent or next of kin who is an injured servicemember.
- ☐ The need to be with a child, spouse, parent or next of kin who is active duty or called to active-duty status in support of a contingency operation.

2. Time off work is expected to be (select the most appropriate box):

- ☐ For a continuous block of time (several continuous days, weeks or months off work).
- ☐ For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).
- ☐ On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments).

The employee may contact or will be contacted by FMLASource for more information and to explain the next steps. Additional information can be found at the website: FMLASource.com.

Please contact Human Resources with any questions.

Employee Signature: _____ Date: _____

Return to Human Resources Department

For HR use ONLY: Date received: _____ Leave Request entered: _____