

Family and Medical Leave Request

Name: _____
Telephone Number: _____
Supervisor: _____

Department: _____
Email: _____
Supervisor's Number: _____

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

- Twelve workweeks of leave in a 12-month period for:
 - The birth of a child and to care for the newborn child within one year of birth;
 - The placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
 - To care for the employee's spouse, child or parent who has a serious health condition;
 - A serious health condition that makes the employee unable to perform the essential functions of his or her job;
 - Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or
- Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

Continuous
Date Leave Begin: _____
Date Leave End: _____

Intermittent

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

For HR purposes

Approved

Denied

HR Generalist:

Date:

Notes: