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| FAMILY AND MEDICAL LEAVE (FMLA) REQUEST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TO BE COMPLETED BY EMPLOYEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE TO EMPLOYEE:** All requests for FMLA must be submitted as promptly as possible after you become aware of a need for leave. Failure to notify your employer in a timely manner according to agency procedures may result in a delay in the processing of your FMLA. You must continue to follow your work unit’s existing attendance policy and call-in procedures. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE NAME (Last, First, M.I.) | | | | | | | | | | | | | | | | | STATE AGENCY / DIVISION / EMPLOYING UNIT | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE ID# | | | | | | | | POSITION TITLE | | | | | | | | | | | | | | | | | | CURRENT FTE (e.g. full-time, 75% FTE, 50% FTE) | | | | | | | | | | | |
| WORK TELEPHONE (Include Area Code and Extension) | | | | | | | | | | | | | | | | | SUPERVISOR NAME | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYEE CONTACT INFORMATION DURING LEAVE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET / PO BOX ADDRESS (include Apt. #) | | | | | | | | | | | | | | | | | CITY | | | | | | | | | | | | | | STATE | | | | | ZIP | |
| EMPLOYEE TELEPHONE (Include Area Code) | | | | | | | | | | | | | | | | | EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | | |
| REASON FOR LEAVE (choose one): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Birth, adoption, or foster care placement. Anticipated date of delivery/placement is: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | Employee’s own serious health condition. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | To care for a family member with a serious health condition. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Name of family member: | | | | |  | | | | | | | | | | | | Relationship to family member: | | | | | | | | | | |  | | | | | | |
|  | | | To care for a covered military service member with a serious injury or illness. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Name of service member: | | | | | |  | | | | | | | | | | | Relationship to service member: | | | | | | | | | |  | | | | | | | |
|  | | | For a qualifying exigency due to military deployment to a foreign country of the employee’s spouse, son or daughter, or parent in the regular or reserve armed forces. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of family member: | | | | |  | | | | | | | | | | | | Relationship to family member: | | | | | | | | | | |  | | | | | | |
| **BRIEFLY EXPLAIN REASON FOR LEAVE REQUEST –** Confidential medical diagnosis **MUST NOT** be entered on this form**:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ANTICIPATED DATES OF LEAVE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A block of leave. Beginning Date: | | | | | | | | | | |  | | | | | | | | | | End Date: | | | |  | | | | | | | | | | | | |
|  | | Intermittent leave or reduced work schedule leave. Beginning Date: | | | | | | | | | | | | | | | | |  | | | | | | | | | | End Date: | | | | . | | | | |
|  | | Describe requested schedule of leave and/or frequency and duration of intermittent leave, if known: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LEAVE USAGE:** What type(s) of leave do you plan on using during your FMLA related absence? Check all applicable leave type(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Sick Leave | | | |  | | Vacation | | | | |  | Personal Holiday | | |  | | Legal Holiday | | | | | | | |  | | Sabbatical | | | | | |  | Unpaid Leave | | | |
| EMPLOYEE SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DATE SIGNED | | | | | |
| **FOR HUMAN RESOURCES USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEAVE REQUEST IS | | | | | | | APPROVED (approved under):  FMLA  WFMLA  FMLA & WFMLA OR  DENIED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IF APPROVED | | | | | BEGINNING DATE | | | | | |  | | | | END DATE |  | | | | | | | FREQUENCY | | | | |  | | | | DURATION | | | | | |  |
| REASON FOR DENIAL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HUMAN RESOURCES SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | DATE SIGNED | | | | | | | | | FMLA REQUEST # | | | | | |