

FMLA LEAVE REQUEST FORM

To be completed by employee and/or supervisor, and submitted to the unit human resource contact

Employee _____

Department/Unit/Section _____ Date of Hire _____

Supervisor _____ Date notified by employee _____

REASON FOR LEAVE

Adoption of child _____ Placement of foster child _____ Birth of child _____

Serious health condition of employee _____

Serious health condition of employees spouse, child or parent _____

Provide description/details as appropriate: _____

TYPE OF LEAVE REQUESTED: ___Continuous ___Intermittent ___Reduced Hours

If FMLA is approved, do you wish to use available sick leave and/or vacation time while on FMLA? Yes No If so, which do you wish to use? Sick [] Vacation []

Explanation of length and type of leave requested: _____

Date leave to start: _____ Date of anticipated return to work: _____

Signature of Employee or Representative *Date*

Supervisor's Signature

Date

Received by:

Signature of HR contact

Date