

## FMLA LEAVE REQUEST FORM

*(The following request is to be completed and returned to the Human Resource Office)*

### EMPLOYEE REQUEST

Employee's Name \_\_\_\_\_

Employee's Department \_\_\_\_\_

Date \_\_\_\_\_

#### ***Request for Full-Time Leave***

I request a leave of absence from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)  
for the following reason:

- ☐ For birth of my child and/or to care for the newborn child.
- ☐ For placement of a child with me for adoption or foster care.
- ☐ To care for my (circle one): spouse, child or parent with a serious health condition.

Name: \_\_\_\_\_

- ☐ My own serious health condition.
- ☐ For another reason. (Please specify):

#### ***Request for Intermittent or Reduced-Schedule Leave***

- ☐ I request intermittent leave or reduced-schedule leave at the following times:

Schedule: \_\_\_\_\_

Reason: \_\_\_\_\_

#### ***Substitution of Paid Leave***

- ☐ I request to use (check all that apply):
  - ☐ Paid Vacation
  - ☐ Sick Hours
  - ☐ Other

#### ***Location During Leave***

I can be reached at the following address and phone number during my leave:

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date