

# 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