

FMLA LEAVE REQUEST FORM

Part A: To be completed by employee and/or supervisor, and then submitted to supervisor.

Employee Name _____ Title/Agency/Unit _____

REASON FOR LEAVE:

- ☐ Birth of a child, or adoption of a child or placement of a child in foster care
- ☐ Due to the employee's own serious health condition
- ☐ To care for a qualifying family member with a serious health condition
- ☐ To attend to a Qualifying Exigency (QE) for a spouse, parent, son, or daughter of a service member who is "on active duty (or notified of an impending call or order to active duty) in the Armed Forces (including the Reserves and National Guard) in support of a contingency operation."
- ☐ To care for a qualifying family member who incurred a serious injury or illness in the line of duty while on active duty in the Armed Forces.

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, vacation time and/or compensatory time while on FMLA? ☐ Yes ☐ No

If applicable, provide details: _____

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

Signature of Employee or Representative *Date* *Supervisor's Signature* *Date*

Part B: To be completed by supervisor, and then submitted to human resource contact.

Employee's PCN _____ Hire Date _____ Employee's Classification Title _____

☐ I have attached a list of essential job functions for this employee's position (for FMLA requests arising due to the employee's own serious health condition).

Supervisor Signature *Supervisor Printed Name* *Date*

Part C: To be completed by human resource contact.

Date agency became aware of employee's need for FMLA: _____

Are employee and reason for FMLA eligible? ☐ Yes ☐ No (Complete appropriate FMLA MOU)

HR Representative Signature *HR Representative Title* *Date*