

# Family and Medical Leave Request

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Date: \_\_\_\_\_

*\*Please Note: Request for Family or Medical Leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin. Please return to your supervisor.*

Employee Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Department \_\_\_\_\_ Reports to \_\_\_\_\_

Status:  Full-Time  Part-Time  Temporary Employee Payroll No. \_\_\_\_\_

Hire Date \_\_\_\_\_ Length of Service \_\_\_\_\_

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## I request a family or medical leave for one or more of the following reasons:

- Because of the birth of my child and in order to care for him or her. Submit copy of birth certificate when available.  
Expected date or birth \_\_\_\_\_ Actual date of birth (if applicable) \_\_\_\_\_  
Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_
- Because of the placement of a child with me for adoption or foster care. Submit certified legal record of placement when available.  
Date of placement \_\_\_\_\_  
Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_
- In order to care for my spouse, child, or parent, who has a serious health condition. Submit medical documentation.  
Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_
- For serious health condition that makes me unable to perform my job. Submit medical documentation.  
Leave to start \_\_\_\_\_ Expected return date \_\_\_\_\_
- Proposed intermittent or reduced day schedule, if applicable. May be subject to supervisor/employer's approval.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you taken a family or medical leave in the past 12 months?  Yes  No

If yes, when and how many days? \_\_\_\_\_

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_