FMLA Leave Request Form

(Please use this form to request absences of more than three consecutive working days and return it to the Office of Human Resources, 120 Whittier)

Employee Name: ________________________________  Date: ____________
Employee Department: ________________________________

☐ Request for block of time FMLA

I request a leave of absence from (start date) ____________ to (end date) ____________ for the following reason:

☐ The birth of a child, or placement of a child with me for adoption or foster care;

☐ My own serious health condition;

☐ Because due to his/her serious health condition, I am needed to care for my:
  ☐ spouse; ☐ same-sex domestic partner; ☐ child; ☐ parent;

☐ Because of a qualifying exigency arising out of the fact that my:
  ☐ spouse; ☐ son; ☐ daughter; ☐ parent;
  is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard of Reserves.

☐ Because I am the:
  ☐ spouse; ☐ son or daughter; ☐ parent; ☐ next of kin;
  of a covered servicemember with a serious injury or illness.

☐ Request for Intermittent or Reduced-Schedule FMLA

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

Schedule: __________________________________________

Reason: __________________________________________

Employee Signature: ________________________________  Date: ____________