

# FMLA LEAVE REQUEST FORM

(The following request is to be completed and returned to the Payroll Office)

## EMPLOYEE REQUEST

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

Employee's Dept/Building \_\_\_\_\_

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.
- To care for a covered service member with a serious injury or illness who is my spouse, child, parent, or next of kin. Name: \_\_\_\_\_
- Due to a qualifying exigency arising out of the fact that my spouse, child, or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserve. Name: \_\_\_\_\_

**A medical or qualifying exigency certification will be required for all FMLA leave requests.**

- 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
  - Personal Leave

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_  
Date