

Policy No: 415.01 EI
Adopted: 4/13/2015
Revised:

Family and Medical Leave Request Form

I request Family and Medical Leave from _____ to _____ for the following reason.

_____ The birth of a child, or placement of a child with you for adoption or foster care;

_____ Your own serious health condition;

_____ Because you are needed to care for your _____ spouse; _____ son or daughter; _____ parent due to his/her serious health condition.

_____ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on covered active duty or call to covered active duty with the Armed Forces.

_____ Because you are the _____ spouse; _____ son or daughter; _____ parent next of kin of a covered service member with a serious injury or illness.

Employee's Signature

Date

Approved _____ Reviewed _____