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| FAMILY AND MEDICAL LEAVE (FMLA) REQUEST |
| TO BE COMPLETED BY EMPLOYEE |
| **NOTE TO EMPLOYEE:** All requests for FMLA must be submitted as promptly as possible after you become aware of a need for leave. Failure to notify your employer in a timely manner according to agency procedures may result in a delay in the processing of your FMLA. You must continue to follow your work unit’s existing attendance policy and call-in procedures.  |
| EMPLOYEE NAME (Last, First, M.I.)      | STATE AGENCY / DIVISION / EMPLOYING UNIT      |
| EMPLOYEE ID#      | POSITION TITLE       | CURRENT FTE (e.g. full-time, 75% FTE, 50% FTE)       |
| WORK TELEPHONE (Include Area Code and Extension)       | SUPERVISOR NAME      |
| **EMPLOYEE CONTACT INFORMATION DURING LEAVE** |
| STREET / PO BOX ADDRESS (include Apt. #)      | CITY      | STATE       | ZIP      |
| EMPLOYEE TELEPHONE (Include Area Code)      | EMAIL ADDRESS       |
| REASON FOR LEAVE (choose one): |
| [ ]  | Birth, adoption, or foster care placement. Anticipated date of delivery/placement is: |       |
| [ ]  | Employee’s own serious health condition. |
| [ ]  | To care for a family member with a serious health condition.  |
|  | Name of family member:  |       | Relationship to family member: |       |
| [ ]  | To care for a covered military service member with a serious injury or illness.  |
|  | Name of service member:  |       | Relationship to service member: |       |
| [ ]  | For a qualifying exigency due to military deployment to a foreign country of the employee’s spouse, son or daughter, or parent in the regular or reserve armed forces.  |
| Name of family member:  |       | Relationship to family member: |       |
| **BRIEFLY EXPLAIN REASON FOR LEAVE REQUEST –** Confidential medical diagnosis **MUST NOT** be entered on this form**:** |
|       |
| **ANTICIPATED DATES OF LEAVE:** |
| [ ]  A block of leave. Beginning Date: |       | End Date:  |       |
| [ ]  | Intermittent leave or reduced work schedule leave. Beginning Date: |       | End Date: |      . |
|  | Describe requested schedule of leave and/or frequency and duration of intermittent leave, if known:  |
|       |
| **LEAVE USAGE:** What type(s) of leave do you plan on using during your FMLA related absence? Check all applicable leave type(s) |
| [ ]  | Sick Leave | [ ]  | Vacation  | [ ]  | Personal Holiday | [ ]  | Legal Holiday | [ ]  | Sabbatical | [ ]  | Unpaid Leave |
| EMPLOYEE SIGNATURE | DATE SIGNED |
| **FOR HUMAN RESOURCES USE ONLY** |
| LEAVE REQUEST IS | [ ]  APPROVED (approved under): [ ]  FMLA [ ]  WFMLA [ ]  FMLA & WFMLA OR [ ]  DENIED  |
| IF APPROVED  | BEGINNING DATE |       | END DATE |       | FREQUENCY |       | DURATION |       |
| REASON FOR DENIAL:       |
| HUMAN RESOURCES SIGNATURE | DATE SIGNED | FMLA REQUEST #      |