

Family & Medical Leave Act (FMLA)

Leave Request

Effective: June 18, 2013

Name	Request Date:	Start Date:
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<input type="radio"/> Regular FMLA	<input type="radio"/> Intermittent FMLA
<input type="radio"/> Time Frame: _____	<input type="radio"/> Adjusted time OR
	<input type="radio"/> Reduced hours
	<input type="radio"/> Time Frame: _____
	<input type="radio"/> Approximate Hours Requested _____

Qualifying Event (select one):

- 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 family member due to his/her serious health condition
- Because of a qualifying exigency arising out of the fact that your family member is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves
- Because you are the family member, next of kin of a covered service member with a serious injury or illness

Details: (must provide detailed explanation and if possible attach paperwork relevant to your request)

Employee Signature:	Date:
Director Signature:	Date:
Executive Director:	Date:

Approved (contingent upon receipt of required documentation in timely manner)

Not approved
Reason:

Human Resources:	Date Received:
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