



## 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
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### FOR HUMAN RESOURCES USE ONLY

LEAVE REQUEST IS <input type="checkbox"/> APPROVED (approved under): <input type="checkbox"/> FMLA <input type="checkbox"/> WFMLA <input type="checkbox"/> FMLA & WFMLA OR <input type="checkbox"/> DENIED		
IF APPROVED BEGINNING DATE _____ END DATE _____ FREQUENCY _____ DURATION _____		
REASON FOR DENIAL: _____		
HUMAN RESOURCES SIGNATURE	DATE SIGNED	FMLA REQUEST #