# FAMILY OR MEDICAL LEAVE REQUEST FORM

## INSTRUCTIONS FOR THE EMPLOYEE
- Complete the form and submit to HR.
- You will be notified as to whether the leave is approved or not.

## EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Employee Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Number</td>
<td>Title</td>
</tr>
</tbody>
</table>

## TYPE OF LEAVE

I hereby request the following type of leave:

- Family leave for the:
  - Birth of my son or daughter
  - Placement of a child with me for adoption foster care
  - Anticipated date of birth or placement: ____________________________

- Family leave to care for a spouse, son, daughter, or parent with a serious health condition
  - Family member's full name: ____________________________
  - Relationship to you: spouse parent son or daughter other (if applicable)

- Medical leave for my own serious health condition (specify): __________________________________________________________________

- Servicemember Care

- Exigency Leave

## AMOUNT OF LEAVE

1. I request that the leave be granted for the following period of time:
   - Beginning on (date): ____________________________ Ending on (date): ____________________________

2. I further request that the leave be granted for the following reduced or intermittent leave schedule:
   - ___________________________________________________________________

3. I would like to substitute the following paid leave time, if applicable, during my family or medical leave:
   - Type: ____________________________ Amount: ____________________________

## EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and will subject me to discipline up to and including termination.

Signature: ____________________________ Date: ____________________________

## MAINTAIN THIS FORM IN A FMLA CONFIDENTIAL FILE

### HR USE ONLY

<table>
<thead>
<tr>
<th>Leave Approved?</th>
<th>Expected Return Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

The following paid leave will be substituted: ____________________________

Insurance premium to be paid as follows:

Remarks: ____________________________

Signature: ____________________________ Title: ____________________________ Date: ____________________________