

FAMILY MEDICAL LEAVE REQUEST/RESPONSE
(Please print clearly)

Name _____ Position _____ Date _____

Shift _____ Employment Status (check one): Full Time Part Time PRN

Address (City, ST, Zip) _____

Home Phone # _____ Cell Phone # _____

FAMILY MEDICAL LEAVE REQUEST – Traditional

Leave Effective Date: _____. **I am requesting** _____ **weeks to take the Family Medical Leave due to following:**

- The birth of my child, or the placement of a child with me for adoption or foster care; or
- A serious health condition affecting my ___ spouse, ___ child, ___ parent, for which I am needed to provide care; or
- A serious health condition that makes me unable to perform the essential functions of my job. (HR Benefits will provide long term disability applications if needed)

I will return to work on _____.

****PDO - You are required to use all accrued PDOs while on FMLA not to exceed your FTE status. It is your responsibility to notify your timekeeper of your PDO distribution during your leave****

FAMILY MEDICAL LEAVE REQUEST – Intermittent

Leave Effective Date: _____.

- Intermittent leave requests are for occasional time off over a period of time (determined by physician but not to exceed a one year period before re-application is necessary).
- Periodic time cannot exceed 3 consecutive scheduled work days

You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12 month period for the reasons listed above if you have completed one year of employment and have worked 1,250 hours in the prior 12 month period. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work. You must be reinstated to the same or an equivalent job with the same pay, benefits, terms, and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than:

1. the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or
2. other circumstances beyond your control

Employee's Signature

Date