

### REQUEST FOR FAMILY AND MEDICAL LEAVE OF ABSENCE

Employees who have worked for at least 1,250 hours during the 12-month period immediately prior to the request for leave are eligible for leave.

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_ Hire Date: \_\_\_\_\_

The Leave (or extension) requested will begin on \_\_\_\_\_ and end on \_\_\_\_\_. If the request is for multiple days off for recurring medical treatments of a child, parent, or spouse, or for your own medical treatments, specify dates requested:\_\_\_\_\_

### REASON FOR LEAVE

I request a family medical leave of absence for the following reason:

*Check one box:*

- A serious health condition
- The birth of a child, or placement of a child with you for adoption or foster care
- The serious health condition of my spouse / child / parent
- A qualifying exigency arising out of the fact that your spouse / son or daughter / parent 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 I am the spouse / son or daughter / parent / next of kin of a covered servicemember with a serious injury or illness

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

File: One (1) copy to employee; original in personnel file