

# Family and Medical Leave Application Form

Instructions: Complete all sections of this form to request a Family and Medical Leave of Absence (FMLA). Print the completed form and submit it to the Human Resources Department for review and approval.

## 1. Employee Information

Employee Full Name:

Employee ID Number:

Job Title / Position:

Department:

Immediate Supervisor:

Contact Phone Number:

Email Address:

## 2. Leave Request Details

Requested Start Date of Leave (MM/DD/YYYY):

Anticipated End Date of Leave (MM/DD/YYYY):

Estimated Total Number of Days/Weeks:

Leave Schedule Type (Enter "Continuous" or "Intermittent"):

## 3. Reason for Leave

Please type "Yes" next to the primary reason for your leave request:

The birth of a child, or placement of a child with me for adoption or foster care.

My own serious health condition makes me unable to perform my essential job functions.

To care for my spouse, child, or parent who has a serious health condition.

A qualifying exigency arising out of the fact that my spouse, child, or parent is on active duty or call to active duty status.

## 4. Family Member Details (If Applicable)

If requesting leave to care for a family member, please provide their information below:

Family Member Full Name:

Relationship to Employee (e.g., Spouse, Child, Parent):

## 5. Employee Acknowledgment and Signature

By signing below, I certify that the information provided on this form is true and accurate. I understand that I may be required to provide medical certification to support this request within 15 calendar days.

Employee Signature (Print Name):

Date Signed (MM/DD/YYYY):

## **6. Human Resources Use Only**

Received By (HR Representative):

Date Received (MM/DD/YYYY):

FMLA Eligible (Enter "Approved" or "Denied"):

HR Notes / Remarks: