Family and Medical Leave Act (FMLA) Leave Request Form

Instructions: Employees requesting FMLA leave must complete this form and submit it to the Human Resources department at least 30 days in advance when the need for leave is foreseeable, or as soon as practicable. Please print the completed form, sign it, and submit it.

1. Employee Information

Employee Full Name:	Employee ID Number:
Job Title:	Department:
Supervisor Name:	Employee Email / Phone:

2. Leave Request Details

Anticipated Leave Start Date (MM/DD/YYYY):	Anticipated Return to Work Date (MM/DD/YYYY):
Type of Leave Request (Type "Yes" for the one that applies): • Continuous Leave (Full-time absence): • Intermittent Leave (Taken in separate blocks of time): • Reduced Schedule Leave (Reduced daily or weekly hours):	

3. Reason for Requesting Leave

Please indicate the qualifying reason for your FMLA request (Type "Yes" for the one that applies):

	My own serious health condition makes me unable to perform the essential functions of my job.
	The birth of a child, or placement of a child with me for adoption or foster care, and to care for the newborn/placed child.
	To care for an immediate family member (spouse, child, or parent) with a serious health condition. Family Member Name: Relationship:
	A qualifying exigency arising out of the fact that my spouse, child, or parent is on covered active duty or has been notified of an impending call or order to covered active duty.
	To care for a covered servicemember with a serious injury or illness if the employee is the spouse, child, parent, or next of kin of the servicemember.

4. Employee Signature and Acknowledgement

I certify that the information provided on this form is true and correct. I understand that if I am requesting leave for my own serious health condition or that of a family member, I must provide a completed Medical Certification form within 15 calendar days of this request.

I also understand that I must comply with my department's customary call-in procedures for reporting absences.

Employee Signature (Sign after printing): _____

Date (MM/DD/YYYY):

5. For Human Resources Use Only

Date Request Received:	FMLA Eligibility Status (Eligible / Not Eligible):

HR Representative Signature: _____	Date Actioned: