

FMLA LEAVE REQUEST

Employee

Department

Check one of the following reasons for requesting leave:

- (a) The birth of a child, or the placement of a child with the employee for adoption or foster care, and in order to care for the child.
- (b) To care for a spouse, son, daughter, or parent ("covered relation") with a serious health condition.
- (c) The employee's own serious health condition which makes the employee unable to perform an essential function of his/her position.

If (b) is the reason above, check the covered relation with a serious health condition:

Spouse Son Daughter Parent

Requested date for leave to begin:

Expected date of return to work:

Are you requesting leave on an intermittent or reduced leave schedule?

Yes No

If yes, indicate the intermittent or reduced leave schedule in the space below, or use an additional sheet of paper.

Date

Signature of Employee

Date

Signature of Supervisor

Date

Approved by Assistant Vice President of Human Resources