



Notice to Request FMLA

To request leave on the basis of the Family and Medical Leave of Act (FMLA), please complete the following request form and submit to Human Resources at least 30 days prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical).

Employee Name (print clearly): _____

Requested Leave Start Date: _____ Estimated End Date: _____

The reason for this FMLA leave request is (select the most appropriate box):

- Birth of a son or daughter and to care for the newborn child.
- Placement with the employee of a son or daughter for adoption or foster care.
- To care for the employee's spouse, son, daughter or parent with a serious health condition.
- A serious health condition that makes the employee unable to perform the functions of the employee's job.

Verification of Contact Information:

Address: _____

Phone #: _____

Email: _____

Additional information about employee FMLA rights and responsibilities will be provided to you in writing within five business days after receipt of this notice (unless already provided).

Determination of eligibility for leave under the FMLA, and/or additional documentation or clarification of documentation, may be required prior to making a final FMLA determination to approve or deny an FMLA leave request. Please contact Human Resources with any questions.

Employee Signature: _____ Date: _____

Leave Balance: _____

Return to Human Resources Department