



Request for Family and Medical Leave (FMLA)

Instructions to Employee: Complete and sign the top portion of this form and submit it to the Human Resources Department. A completed Certification of Health Care Provider Form is also required for all FMLA requests except adoption or foster care.

Employee Information <i>(PLEASE PRINT)</i>	
Name:	Department or School:
Employee ID Number:	
Address:	State: Zip Code:
Daytime Phone #:	Supervisor:
Reason for FMLA Request	Type of FMLA Leave Request
Please check one: <input type="checkbox"/> Employee Serious Health Condition <input type="checkbox"/> Child, Spouse, or Parent's Serious Health Condition <input type="checkbox"/> Maternity, Paternity, Adoption or Foster Care Placement <input type="checkbox"/> Caring for Injured Service Member or Family Member called to Active Duty	Please check one: <input type="checkbox"/> Leave for a Definite Period of Time. <input type="checkbox"/> Intermittent Leave to include dates/schedule and/or anticipated Duration of time off. Start Date of Requested Leave: / / End Date of Requested Leave: / /
<i>Your signature affirms that the information provide above is accurate and complete. Please be sure that the attached Certification of Health Care Provider is fully completed by your healthcare provider, if applicable.</i>	
Employee Signature and Date:	

INTERNAL USE ONLY HUMAN RESOURCES TO COMPLETE THIS SECTION	
Eligibility	Notice Information
<i>(Circle YES or NO)</i> 12 months service at time of request?: YES NO 1250 hrs worked within 12 month period? YES NO Previous FMLA used during last 12 months? YES: _____ weeks or _____ hours NO: _____ Completed Medical Certification. YES NO FMLA Approved? YES NO IF NO, Reason _____	Date Request Form and (CHCP if applicable) given to employee: _____ Date completed paperwork received by HR: _____ Date FMLA approval/denial letter send: _____
HR Signature:	Date:

*For health-related reasons, submit this form with completed Certification of Health Care Provider attached. For other qualifying reasons (e.g. adoption, foster care), submit this form along with suitable supporting documentation.