

Adopted: December 17, 2002
 Effective: January 1, 2003
 Revision: December 10, 2009

FMLA EMPLOYEE REQUEST TO EMPLOYER

Employee: _____ Date: _____
 Job Title: _____ Department: _____
 Supervisor: _____

Submit (1) this request and (2) the applicable completed *Certification of Health Care Provider* form, and (3) the *Application for Leave*, to your supervisor at least 30 days in advance. If the need for leave is unforeseeable, you must make the request as soon as practicable, but within 30 days, and must comply with the normal call-in procedures.

ELIGIBILITY

1. Counting any periods of time that you worked for the County (consecutive or not), have you worked for the county for a total of 12 months or more? Yes No
2. During the past 12 months, have you actually worked at least 1,250 hours? Yes No
3. Have you previously received family or medical leave? Yes No
 If yes, Dates of leave, from/to: ____/____ Purpose of leave: _____
 Dates of leave, from/to: ____/____ Purpose of leave: _____
4. Have you taken any intermittent family or medical leave? Yes No
 Approximate dates: _____ Purpose of leave: _____

LEAVE IS REQUESTED FOR THE FOLLOWING REASON:

- Birth of the employee's child and in order to care for the child;
- Placement of a child with the employee for ___ adoption or ___ foster care;
- Employee's own serious health condition that renders the employee incapable of performing the functions of his/her job, including a work-related injury or illness;
- To care for the employee's ___ spouse, ___ son, ___ daughter, or ___ parent who has a serious health condition;

SERVICE MEMBER LEAVE:

- For a qualifying exigency arising out of the fact that the employee's ___ spouse, ___ son, ___ daughter or ___ parent (___ mother, ___ father) is called to active duty status in support of a contingency operation as a member of the Armed Forces, National Guard or Reserves.
- To care for the employee's ___ spouse, ___ son, ___ daughter, ___ parent (___ mother, ___ father) or ___ next of kin of a covered service member recovering from ___ a serious illness or ___ injury sustained in the line of duty on active duty.

Leave Is Requested Beginning _____
 And Is Expected To Continue Until Or About _____

 Employee Signature

 Date of Request

Attachments: _____ Applicable *Certification* form
 _____ Application for Leave form