

Employee Request for Family or Medical Leave

Employee Name: _____
Today's Date: _____
Employee Address: _____
City: _____
State: _____ Zip Code: _____

Does your spouse work for this company?

_____ Yes _____ No

Reason for taking leave: (*Check one*)

_____ The birth and care of my newborn child or placement of a child with me for adoption or foster care.

_____ To care for my spouse, child, or parent who has a serious health condition.

_____ My own serious health condition that makes me unable to perform at least one of the essential functions of my job.

_____ To care for my spouse, son, daughter, parent or next of kin who is a covered servicemember with a serious injury or illness.

Please complete the following section if leave will be taken continually for the entire period.

Date when leave will start: _____

Date when I will return to work: _____

Please complete the following section if leave will be taken intermittently.

Schedule of needed time off: _____

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Note: *You must seek approval from the company for intermittent or reduced-schedule leave for the birth or placement of a child for adoption or foster care.*