Family and Medical Leave Request

Use this form to request leave for your own serious health condition, a family member's serious health condition, the birth or placement of a child, or military family needs. You do not need to describe a diagnosis on this form. Return it to [HR Name, Email] at least 30 days before leave when the need is foreseeable, or as soon as you can. HR will reply within 5 business days with your eligibility and next steps. Questions: [HR Phone].

EMPLOYEE INFORMATION

Employee name

Employee ID

Job title

Department and work location

Supervisor

Personal phone

Personal email (for notices during leave)

Date of this request

REASON FOR LEAVE

I am requesting leave for

- ☐ My own serious health condition, including pregnancy-related incapacity or prenatal care
- ☐ To care for my spouse, child or parent with a serious health condition
- ☐ Birth of my child and bonding with the newborn
- ☐ Placement of a child with me for adoption or foster care, and bonding
- ☐ A qualifying exigency arising from my spouse, child or parent's military deployment
- ☐ To care for a covered servicemember with a serious injury or illness (I am their spouse, child, parent or next of kin)

If caring for a family member: their name and relationship to you

Expected or actual date of birth or placement (if applicable)

Brief description of the need for leave (no diagnosis needed)

TIMING AND SCHEDULE

Type of leave

- ☐ Continuous (a single block of time)
- ☐ Intermittent (separate periods, for example flare-ups or treatments)
- ☐ Reduced schedule (fewer hours per day or week) ☐ Combination

First day of leave

Expected return date

For intermittent leave: expected frequency and length (for example 1 to 2 days a month; 4 hours every other Friday)

For reduced schedule: proposed hours and days

Have you scheduled treatment so as to limit disruption where medically possible?

☐ Yes ☐ Not applicable ☐ Would like to discuss with HR

Is this leave foreseeable?

☐ Yes: 30 days' notice given ☐ Yes: less than 30 days' notice (explain) ☐ No: unexpected need

If less than 30 days' notice: reason

PAID LEAVE AND BENEFITS

Use of paid leave during FMLA leave (subject to company policy)

☐ Use accrued PTO / vacation ☐ Use accrued sick leave ☐ Apply for short-term disability

☐ Apply for state paid family or medical leave ☐ Take unpaid leave ☐ Not sure: please advise

How I will pay my share of health premiums during any unpaid leave

☐ Payroll deduction from any paid leave ☐ Direct payment to the company ☐ Please advise

Has this leave been reported as a work-related injury (workers' compensation)?

☐ No ☐ Yes: claim number below

Workers' compensation claim number

EMPLOYEE ACKNOWLEDGMENT

☐ I understand HR may ask for a medical or military certification and that I will generally have at least 15 calendar days to return it.

☐ I will tell HR as soon as possible if my dates or schedule change, and I will follow the normal call-in procedure for intermittent absences, stating that the absence is FMLA-related.

☐ I understand that a fitness-for-duty certification may be required before returning from leave for my own serious health condition, if I am told in advance.

Employee signature

Date

Date

HR USE ONLY: ELIGIBILITY

Date the company first learned of the possible FMLA need

Months of service (needs 12, not necessarily consecutive)

Hours worked in the 12 months before leave starts (needs 1,250)

50 or more employees within 75 miles of worksite

☐ Yes ☐ No

FMLA leave already used in current 12-month period (weeks or hours)

Eligibility and rights and responsibilities notice sent (date, within 5 business days)

Employee eligible?

☐ Eligible ☐ Not eligible: reason given in notice; check state leave, ADA and company leave

HR USE ONLY: CERTIFICATION AND DESIGNATION

Certification requested

☐ Employee health condition ☐ Family member health condition ☐ Qualifying exigency

☐ Military caregiver ☐ Not required (for example proof of birth only, or not requested)

Certification due date (at least 15 calendar days from request)

Certification received date / complete and sufficient?

Designation notice sent (date, within 5 business days of enough information)

Designated

☐ Approved as FMLA leave ☐ Approved in part ☐ Not FMLA-qualifying: other leave reviewed

☐ Pending more information

Amount of leave designated (weeks, days or hours)

State leave running at the same time

Paid leave substituted and pay code

- ☐ Benefits team notified to maintain health coverage
- ☐ Supervisor told of dates only (no medical details)

HR representative

HR signature

Date