

FMLA Employee Request Form

To request leave on the basis of the Family and Medical Leave of Act (FMLA), please complete the following request form and submit to your immediate supervisor in the appropriate time frame per your contract (unless leave is unforeseen, in which case submit the form as soon as practical).

Employee Name (print clearly): _____

Estimated Leave Start Date: _____ Estimated End Date: _____

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

- Birth of a child and to care for the newborn child.
- Placement with the employee of a child for adoption or foster care.
- To care for the employee's spouse, child 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.
- A qualifying exigency arising out of the fact that the employee's spouse, child or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active-duty status).
- To care for a covered service member with a serious injury or illness if the employee is the spouse, child, parent or next of kin of the covered service member.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time (several continuous days, weeks or months off work).
- For a reduced work schedule (fewer hours per day or fewer hours per week).
- On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week)

Additional documentation or clarification of documentation may be requested prior to making a final determination of eligibility for FMLA. Please contact Lauren Leahy with any questions at LeahyL@schuylerville.org.

Employee Signature: _____ Date: _____

For Office Use ONLY

Date received: _____ Date FMLA Eligibility Notice sent: _____