

Request for Family and Medical Leave of Absence

Employee's Name: _____ **Today's Date:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Reason for taking leave: (check one)

- _____ to care for my child after birth or placement in adoption or foster care;
- _____ to care for my spouse, child, or parent who has a serious health condition; or
- _____ my own serious health condition makes me unable to perform at least one of the essential functions of my job.

For leave to be taken all at once, rather than intermittently or on a reduced workweek:

Date leave is to start: _____

Date I expect to return to work: _____

For leave to be taken intermittently or on a reduced workweek:

Schedule of time needed off:

Employee's Signature: _____ **DATE:** _____

RELATED PROCEDURE:

03.12322 AP.22

Review/Revised: