



LEAVE REQUEST UNDER FMLA

Employee Name: _____ Date of Request: _____

Position: _____ Supervisor: _____

I request leave under FMLA for the following reason (check one):

- ___ A. To care for my child after birth or placement for adoption or foster care.
- ___ B. In order to care for a spouse, child or parent with a serious health condition (Please submit a "Certification of Health Care Provider for Family Member's Serious Health Condition," Form WH-380-F, with this request).
- ___ C. For my own serious health condition that makes me unable to perform the functions of my job. (Please submit a "Certification of Health Care Provider for Employee's Serious Condition," Form WH-380-E, with this request).
- ___ D. For a qualifying exigency arising from the fact that my spouse, child or parent is on active duty or called to active duty. (Please submit a "Certification of Qualifying Exigency for Military Family Leave," Form WH-384, with this request).
- ___ E. To care for a covered servicemember who is my spouse, child, parent or other next of kin and who has a serious injury or illness. (Please submit a "Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave," Form WH-385, with this request).

METHOD OF LEAVE REQUESTED

- ___ A. Consecutive Leave (e.g., an uninterrupted time period) for _____ (days/weeks).
- ___ B. Intermittent or Reduced Leave Schedule (e.g., every Tuesday and Thursday for an 8 week period)

Specify below the exact nature of your requested intermittent or reduced leave:

Date leave is to begin: _____ Date leave is to end: _____

Expected duration of leave: _____

Employee Signature

Date