FAMILY MEDICAL LEAVE
REQUEST FOR LEAVE FORM

TO BE COMPLETED BY EMPLOYEE

1. Name (First, Middle, Last).	2. Position.
3. Reason for requested leave: A. ☐ Birth of a child. B. ☐ Placement of a child with employee for adoption or foster care. C. ☐ To care for spouse, child, or parent ("covered relation") with a serious health condition. D. ☐ My own serious health condition which makes me unable to perform the functions of my position. E. ☐ A qualifying exigency arising because my spouse, child, or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves. F. ☐ To care for a Covered Servicemember with a serious health condition.	
4. If "C", "E", or "F", please check one of the following: ☐ Spouse ☐ Child ☐ Parent ☐ Other _____	5. Name and address of person indicated in #4.
6. Date on which you wish to commence leave.	7. Date of anticipated return to work.
8. Are you requesting leave on an intermittent or reduced leave schedule?	9. If "yes" to #8, please give schedule of when you anticipate you will be unavailable for work.

I understand that I must have the appropriate certification form completed and return it within 15 calendar days to the Human Resources Office. I understand that my leave may be delayed until I provide a completed certification.

I understand that if leave is for my own serious health condition, I will not be able to return to work until my physician completes a return to work form.

I hereby agree that while I am on leave, I will continue to pay my share of health insurance premiums, unless I elect to discontinue such coverage. I also agree that if I fail to return to work at the end of the leave period, I will reimburse my employer for the cost of health benefits provided by the state during my leave, unless I fail to return to work because of the continuation, recurrence, or onset of a serious health condition.

_____ _____

Employee Signature Date

With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form