

APPLICATION FOR LEAVE
FAMILY AND MEDICAL LEAVE ACT

Employee Name: _____ Position: _____
Send notices to me at: _____

FMLA Leave Requested From _____
To _____

If leave is requested on an intermittent or reduced leave schedule, describe the requested leave schedule: _____
_____.

Reason for Leave Request (check and complete as appropriate):

- 1. ___ For birth of a son or daughter, and to care for the newborn child.
- 2. ___ For placement with the employee of a son or daughter for adoption or foster care.
- 3. ___ To care for the employee's spouse, son or daughter, or parent with a serious health condition.

Name of family member: _____
Describe reason employee needs to provide the care and the nature of the care: _____.

- 4. ___ Because of a serious health condition that makes the employee unable to perform the functions of the employee's job.

Briefly describe condition and job functions that employee is unable to perform: _____
_____.

- 5. ___ Because of a qualifying exigency arising out of the fact that the employee's spouse, son or daughter, or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation.

Name and relationship of family member: _____
Describe the qualifying exigency: _____.

- 6. ___ To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the service member.

Name and relationship of family member: _____
Describe reason employee needs to provide the care and the nature of the care: _____.

I certify that the above information given by me is correct and that I have read the foregoing and understand my rights under the FMLA.

Employee's Signature

Date

Reviewed _____ Revised _____