



REQUEST FOR FAMILY/MEDICAL LEAVE

Employee's Name _____ Employee's Position _____

Employee's Address _____

Employee's Telephone _____ Employee's Supervisor _____

1. Reason for requested leave:

- Birth of your child (and in order to care for the newborn child)
- Placement of a child with you for adoption or foster care
- In order to care for the employee's spouse, child or parent with a serious health condition
- Because of your own serious health condition that makes you unable to perform the functions of your position

II. If leave is to care for a spouse, child or parent with a serious health condition, please check one:

- Spouse Child Parent

Give name and address of spouse, child or parent below:

III. Proposed start date of leave: _____

IV. Date of planned return: _____

V. Are you requesting leave on an intermittent or reduced leave schedule? Yes No

If yes, please indicate when you anticipate you will **not** be available for work:

Signature: _____ Date: _____

Please return this form to Your Supervisor