



Family and Medical Leave Act (FMLA) Request Form

To be completed by employee 30 calendar days before event or with as much advance notice as is practicable.

Employee: _____ Job Title: _____

Department: _____ Date of Hire: _____

Supervisor: _____ Date of request: _____

REASON FOR LEAVE

1. _____ Adoption of child
2. _____ Placement of foster child
3. _____ Birth of child
4. _____ Serious health condition of employee
5. _____ Serious health condition of employee's spouse, child or parent
6. _____ Qualifying exigency arising out of the fact that your _____ spouse _____ son or daughter _____ 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.
7. _____ You are the _____ spouse _____ son or daughter _____ parent _____ next of kin of a covered service member with a serious injury or illness.

TYPE OF LEAVE REQUESTED: _____ Continuous _____ Intermittent _____ Reduced Hours

An FMLA leave of absence is a leave without pay. If your FMLA leave request is approved, you will be required to substitute paid leave (sick, personal, vacation or compensatory time) for the unpaid leave in accordance with the Town's FMLA policy. Please indicate which form(s) of paid leave you wish to use:

Sick [] Vacation [] Personal [] Compensatory time []

Date leave to start: _____ Date of anticipated return to work: _____

Signature of Employee or Representative

Date

Supervisor's Signature

Date

Received by (Personnel Signature)

Date

A representative from the Personnel Department will respond to this request within five (5) business days.