



FMLA LEAVE-EMPLOYEE REQUEST FORM

Employee's Name:	
Position:	
Department:	
Date:	

Request for Full-Time Leave

I request a leave of absence from _____ (date) to _____(date)

For the following reason:

	For birth of my child and/or to care for the newborn child.
	For placement of a child with me for adoption or foster care.
	To care for my (circle one): spouse, child or parent with a serious health condition. Name: _____
	Because my own serious health condition makes me unable to perform one of the essential functions of my job.
	For another reason. Please specify: _____

Request for Intermittent or Reduced-Schedule Leave

I request intermittent leave or reduced-schedule leave at the following times

Schedule: _____

Reason: _____

I, the Employee, am aware that if I am eligible for FMLA leave, I will have to take my available Sick and PTO days concurrently with FMLA leave.

Employee's Printed Name:		Date:	
Employee's signature			
Received by (HR Representative):		Date:	