

FMLA Employee Request Form

To request leave under the **Family and Medical Leave Act (FMLA)**, please complete this form and submit it to the Human Resources Department. Whenever possible, employees should provide at least **30 days' notice** before the leave is to begin. If the need for leave is unforeseen, please submit this form **as soon as practicable**.

Employee Name (print clearly): _____

Department: _____

Job Title: _____

Phone Number: _____

Email Address: _____

Requested Leave Dates

Anticipated Leave Start Date: _____

Anticipated End Date: _____

Reason for Leave

Please select the applicable reason for your FMLA leave request:

- The birth of a child and to care for the newborn child.
- Placement of a child with the employee for adoption or foster care.
- To care for the employee's spouse, child, or parent with a serious health condition.
- A serious health condition that makes the employee unable to perform the essential functions of their job.
- A qualifying exigency due to the employee's spouse, child, or parent being on covered active duty or being notified of an impending call or order to covered active duty in the Armed Forces.
- To care for a covered servicemember with a serious injury or illness, if the employee is the spouse, child, parent, or next of kin of the servicemember.

Type of Leave Requested

Please indicate how you anticipate taking your leave:

- Continuous Leave** – A single, uninterrupted block of time off work (e.g., several consecutive days, weeks, or months).
- Reduced Schedule Leave** – A consistent, reduced work schedule (e.g., fewer hours per day or fewer days per week).
- Intermittent Leave** – Time off taken periodically for treatment or flare-ups (e.g., a few hours or days at a time, not on a consistent schedule).

Important Information

- To qualify for FMLA leave, you must have been employed with [Company Name] for **at least 12 months** and have worked at least **1,250 hours** during the 12-month period preceding the leave.
- **Supporting documentation** (such as a medical certification or military deployment papers) may be required, depending on the nature of the request. If applicable, Human Resources will provide you with the necessary forms and instructions.
- You will receive a written response regarding your FMLA eligibility within **five (5) business days** of submitting this form (unless you've already received it).
- Submission of this form **does not guarantee** that the leave will be approved. Approval is contingent upon eligibility under the FMLA and the timely submission of required documentation.

Employee Acknowledgment

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that additional documentation may be required to determine my eligibility for FMLA leave, and I agree to comply with the required process. I acknowledge that I have received or will receive the "Notice of Rights and Responsibilities under the FMLA" and understand my obligations under the Act.

Employee Signature: _____

Date: _____

Return This Completed Form to Human Resources

For questions, contact:

[HR Contact Name]

Phone: [HR Phone Number]

Email: [HR Email Address]

For HR Use Only

Date Request Form Received: _____

Eligibility Notice Provided to Employee On: _____

Medical Certification Requested (Y/N): _____

Certification Due By: _____

HR Representative Initials: _____