

## Request for Family and Medical Leave

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

I am requesting leave from \_\_\_\_\_ to on or about \_\_\_\_\_.

I understand I may be required to submit certification for this leave.

### Reason for Leave:

- the birth of my child, or placement of a child with me for adoption or foster care.
- a serious health condition that makes me unable to perform the essential functions of my job.
- the serious health condition of my \_\_\_\_\_ spouse; \_\_\_\_\_ child; \_\_\_\_\_ parent for whom I am needed to provide care.
- a qualifying exigency arising out of the fact that my \_\_\_\_\_ 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.
- I am the \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent; \_\_\_\_\_ next of kin of a covered servicemember with a serious injury or illness.

### I elect to use the following paid leave (if available) during my Family and Medical Leave:

- accrued vacation: \_\_\_\_\_ hours/days
- personal days: \_\_\_\_\_ hours/days
- accrued sick leave: \_\_\_\_\_ hours/days
- Short-Term Disability: \_\_\_\_\_ days/weeks
- parental leave: \_\_\_\_\_ days/weeks

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date