

**Employee Request for Family or Medical Leave**

An employee seeking (or confirming) a family or medical leave must check all applicable boxes, sign on the reverse side and submit to his/her supervisor at least 30 days prior to the desired start date of the leave (if practicable) or as soon as possible if the leave has already begun.

I, \_\_\_\_\_ request leave for the following reason:  
(Print name)

\_\_\_\_\_ Because of the (anticipated) birth of my child and in order to care for the child.

\_\_\_\_\_ Because of the placement of a child with me: \_\_\_\_\_ for adoption \_\_\_\_\_ for foster care

\_\_\_\_\_ In order to care for my: \_\_\_\_\_ Spouse \_\_\_\_\_ Son/Daughter \_\_\_\_\_ Parent who has a serious health condition.

\_\_\_\_\_ Because of my own serious health condition that makes my unable to work or to perform the essential functions of my job.

Anticipated date leave will begin: \_\_\_\_\_  
(Actual date if leave has already begun)

Expected date of birth or placement of child: \_\_\_\_\_

\_\_\_\_\_ I request that leave be granted on an intermittent or reduced work schedule basis for the following reason (e.g. medical treatment for self; recovery from treatment or from a serious health condition; to care for a family member):

\_\_\_\_\_

If requesting leave for planned medical treatment or for recovery from treatment or from a serious health condition, state the proposed leave schedule:

\_\_\_\_\_

If requesting leave to care for a family member, state (a) the type of care you will provide along with (b) the anticipated length of period during which you will provide the care and (c) leave schedule if leave will be taken intermittently or if it will be necessary for you to work less than a full-time schedule:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

**Substitution of Paid Leave**

You are required to substitute the following accrued paid sick leave for any (otherwise) unpaid portion of this FMLA leave that is for your own serious health condition (including any period of disability/child-bearing leave.)

If you do not have sufficient accrued paid sick leave to substitute for the entire portion of any FMLA leave that is for your own serious health condition, you must use any accrued paid personal or vacation leave (in that order) for any (otherwise) unpaid portion of this FMLA leave. Thereafter, your leave will become unpaid when you have used all of your accrued paid leave.

In addition, you must substitute any accrued paid personal or vacation leave for any (otherwise) unpaid portion of this FMLA leave that is for any reason (including your own serious health condition) after you have exhausted whatever accrued paid sick leave you have available to use for the particular type of leave. See the section completed by the Human Resources office for the amount of available paid leave you have available for substitution.

I agree to:

Review all information in the section completed by the Human Resources office for my information and for my required actions.

Provide medical certification of need for leave.

Provide documentation to confirm natural or legal family relationship, if applicable and requested.

Pay my share of group health care premiums, if applicable, by the required date while on leave.

Report periodically regarding my status and intent to return to work, if requested.

Provide medical certification of my fitness to work or inability to return to work at the end of my leave, if the leave is for my own medical condition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_