EveningCrest

FAMILY AND MEDICAL LEAVE (FML) REQUEST FORM

To request Family and Medical Leave, complete this form. In addition, medical certificate by a health care provider may be required by your supervisor/department head. If required, the certification must also be submitted to Human Resources Department (fax/email). The Human Resources Office will forward copies of any approval letters to the employee, employee's supervisor/department head and Payroll Office.

Name: _____ **Employee ID No:** _____

Department: _____

Home Address: _____
_____

Phone number: H/phone: _____ Home: _____ Work: _____

Employment Date: _____ **Circle One:** Permanent/Contract/Temporary staff.
Supervisor/Department Head: _____

FML Start Date: _____ **FML End Date** (If known): _____

This request is for the serious health condition of (select one):
_____ Employee
_____ Spouse - Name: _____
_____ Parent - Name: _____
_____ Child – Name: _____
Child Date of Birth: _____
_____ Covered Service Member – Name: _____

If applicable, select one:
☐ Birth (Maternity/Paternity) -
Date of Birth: _____
☐ Adoption:
Date of Adoption: _____
☐ Foster Care Placement -
Date of Placement: _____
☐ Qualifying Exigency

Do you wish to retain up to 5 days or 40 hours (whichever is less) Of sick leave? ☐ Yes ☐ No If Yes, no of hours: _____.

_____ _____
(Employee signature) **Date**

Regular hours worked in prior 12 months: _____
(Minimum requirement = 1,250 Hours)

Is medical certification required? ___ YES ____ NO

_____ _____
(Supervisor or Department Head Signature) **Date**

_____ _____
(Human Resources Signature of Approval) **Date**