

FMLA Leave Request Form

(Please use this form to request absences of more than three consecutive working days and return it to the Office of Human Resources, 120 Whittier)

Employee Name: _____ Date: _____

Employee Department: _____

Request for block of time FMLA

I request a leave of absence from (start date) _____ to (end date) _____
for the following reason:

- The birth of a child, or placement of a child with me for adoption or foster care;
- My own serious health condition;
- Because due to his/her serious health condition, I am needed to care for my:
 - spouse; same-sex domestic partner; child; parent;
- Because of a qualifying exigency arising out of the fact that my:
 - spouse; son; 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 of Reserves.
- Because I am the:
 - spouse; son or daughter; parent; next of kin;of a covered servicemember with a serious injury or illness.

Request for Intermittent or Reduced-Schedule FMLA

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

Schedule:

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Reason:

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Employee Signature: _____ Date: _____