Town of Mount Pleasant

**Notification of Request for Family Medical Leave**

To request job protection under the Family and Medical Leave Act (FMLA), please complete the following request from and submit it to Human Resources **at least 30 days prior to leave** (unless leave is unforeseen, in which case submit the form as soon as practical).

Employee Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for this FMLA leave request:**

□ My serious health condition

□ Birth/adoption of a child (leave must be taken consecutively)

□ To care for an immediate family member with a serious health condition

□ Military exigency

**Time off work is expected to be:**

□ For a continuous block of time

□ On an intermittent basis

□ For a reduced work schedule

Additional information about employee FMLA rights and responsibilities will be provided to you.

Prior to making a final FMLA determination to approve or deny a leave request, additional documentation or clarification may be required. Please contact Human Resources with any questions.

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

Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to Human Resources