

LEAVE REQUEST FORM

1. _____ 2. _____
Employee Name (print clearly) *Social Security Number*

3. Reason for Leave (check all that apply)

- a. I am requesting a leave of absence for the purpose of the birth of a child and to care for the newly-born child, or placement of a child with the employee for adoption or foster care *within the 12 months after the birth (or adoptive placement) of the child.*
- b. I am requesting a leave of absence to care for an immediate family member (employee's spouse, registered domestic partner, child or parent) with a serious health condition not related to military service.
- c. I am requesting a leave of absence because of my own serious health condition (including pregnancy related disability).
- d. I am requesting a leave of absence for personal reasons, other than for the birth/care of a new child or placement of a child, other than to care for an immediate family member with a serious health condition, and other than for my own serious health condition, other than to care for a family member (spouse, child, employee's parent and/or next of kin) who is a "covered service member" and who has a "serious health condition," and other than a Qualifying Military Exigency due to the fact that your immediate family member (spouse, child or employee's parent) is on active duty or call to active duty status in support operation as a member of the National Guard or Reserves.
- e. I am requesting a leave of absence for reasons other than those listed above and below herein.
- f. I am requesting a leave of absence to care for a family member (spouse, child, employee's parent and/or next of kin) who is a "covered service member" and who has a "serious health condition."
- g. I am requesting a leave of absence due to a Qualifying Military Exigency due to the fact that my immediate family member (spouse, child or employee's parent) is on active duty or call to active duty status in support operation as a member of the National Guard or Reserves.

4. Type of Leave Requested For The Purpose Identified Above (check all that apply, if available)

- a. Paid Vacation
- b. Accrued Paid Medical/Sick Leave
- c. Unpaid Family and Medical Leave
- d. Other:

YOU MAY NOT UTILIZE CERTAIN TYPES OF PAID LEAVE IF WE DO NOT NORMALLY PROVIDE PAID LEAVE FOR THE PURPOSE OF THE LEAVE YOU REQUESTED.

5. Is intermittent leave or reduced work schedule requested?

If yes, explain why it is needed and the leave schedule proposed: _____

6. Intention To Return To Work When The Leave Ends (select one):

- a. Employee will **not** be returning to work
- b. Employee intends to return to work

7. Name of person who provided information to complete form: _____
(if other than employee) *(print clearly)*

8. Name of person who completed form: _____
(print clearly)

9. Date: _____

I certify that the above information is true and correct to the best of my knowledge. I understand that any misrepresentation concerning the above facts can result in termination of employment.

Employee's Signature

Date