



**Employee Request for Family or Medical Leave**

Date of Request: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Employee #: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Site/Department: \_\_\_\_\_

Employee Address: \_\_\_\_\_  
\_\_\_\_\_

Does your spouse work for BTAMC? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Reason to Request FMLA: (check one)**

- \_\_\_\_\_ The birth and care of my newborn child or placement of a child with me for adoption or foster care.
- \_\_\_\_\_ To care for my spouse, child or parent who has a serious health condition.
- \_\_\_\_\_ My own serious health condition that makes me unable to perform some of my essential job functions.
- \_\_\_\_\_ Qualifying exigency for myself, my spouse, my child or my parent on active duty or call to active duty status.
- \_\_\_\_\_ In support of a contingency operation status as a member of the National Guard or Military Reserves.
- \_\_\_\_\_ To care for my spouse, my child or my parent who is a military service member with serious illness or injury.

**Please complete the following section, if leave will be taken continually for the entire period.**

Date when my leave will start: \_\_\_\_\_

Date when I will return to work: \_\_\_\_\_

**Please complete the following section if leave will be taken intermittently.**

Date(s) when I am requesting off: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Requested FMLA Time (hours):** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CEO Signature

\_\_\_\_\_  
Date

Additional Forms or Required Physician's Evidence: \_\_\_\_\_

Completed FMLA Request Received Date: \_\_\_\_\_

Payroll Effective Date: \_\_\_\_\_

Route to File Date: \_\_\_\_\_