



**FMLA LEAVE REQUEST FORM**

Name: \_\_\_\_\_ PIN: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Admin/Clerk: \_\_\_\_\_

Work Schedule: \_\_\_\_\_  
Provide information on number of days worked per week/number of hours per day/off days if consistent

**I am requesting FMLA leave for the following reason: (check one):**

The birth of my son or daughter and to care for such child

Due Date/Birth date: \_\_\_\_\_

The placement of a son or daughter with me for adoption or foster care

Name of Child: \_\_\_\_\_ Date of Placement: \_\_\_\_\_

**Serious health condition of:**

Self

Spouse Name: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent-in-law Name: \_\_\_\_\_  
(Wisconsin)

**For the reason of:**

Military-Exigency Name: \_\_\_\_\_

Military-Caregiver Name: \_\_\_\_\_

**Requested FMLA leave time:**

Continuously from \_\_\_\_\_ to \_\_\_\_\_

Intermittently beginning \_\_\_\_\_ (date if known)

If your intermittent leave is foreseeable you must provide CN with a schedule of your leave dates, please include that schedule when returning this form. A schedule would include dates you will be taking off for doctor appointments, physical therapy etc.

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

**Return completed form to the Leave Administrator via fax 708-332-4349, via email at FMLA@cn.ca or via mail to 17641 S. Ashland Ave., Homewood, IL 60430.**

**Please review the CN FMLA Policy and Procedures available on the CN intranet. For questions regarding FMLA or this form please contact the Leave Administrator at 800-253-1273, Option 3 or via email at FMLA@cn.ca.**