

# FAMILY AND MEDICAL LEAVE REQUEST FORM

Please Note: Request for Family or Medical Leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin. Please return to your supervisor.

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

Employee Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_ Reports To: \_\_\_\_\_

Work Status: Full Time  Part Time  Temporary

Hire Date: \_\_\_\_\_ Years of Service: \_\_\_\_\_

I REQUEST FAMILY OR MEDICAL LEAVE FOR ONE OR MORE OF THE FOLLOWING REASONS:

- The birth of a child, or placement of a child with you for adoption or foster care.
- Your own serious health condition that makes you unable to perform your job.
- In order to care for your  spouse  child  parent due to his/her serious health condition.
- A qualifying exigency arising due to the fact that your  spouse  son or daughter  parent is called to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Because you are the  spouse  son or daughter  parent  next of kin of a covered service member with a serious injury or illness.
- Proposed intermittent or reduced day schedule, if applicable. May be subject to department head approval.

Leave to Start: \_\_\_\_\_ Expected Return Date: \_\_\_\_\_

Have you taken a family or medical leave in the past 12 months?  YES  NO (If yes, when?) \_\_\_\_\_

**I understand and agree to the following:**

- I have been employed with the County for at least 12 months.
- During the previous 12 months, I have worked at least 1,250 hours.
- If I fail to return to work after the leave for reasons other than the continuation, recurrence or onset of a serious health condition that would entitle me to Medical Leave or other circumstances beyond my control, I may be financially responsible for the medical insurance premiums while I am on leave, depending on County policy.
- This leave may be unpaid if I do not have accrued leave benefits to cover this time.
- I may be required to use my paid vacation, sick leave, or compensatory time as part of my 12 weeks leave.
- After 12 weeks of leave, if I do not return to work or contact my supervisor or department head on or before my expected date of return, the County may assume that I have resigned my job.

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

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

(Form to be forwarded to the Personnel Department after both the employee and department head has signed.)