



# Madison County HR

Shaping the future together.

100 Northside Square, Suite 753

Huntsville, AL 35801

P: 256-532-3614 / F: 256-532-3322

## Family & Medical Leave Request Form

**Employee Name:**

**Job Title:**

**Department:**

**Reports To:**

**Phone Number:**

**Email Address:**

**Work Status:**

— Full Time

— Part-Time

— Temporary/Seasonal

### I request Family or Medical Leave for the following reason(s):

- The birth of a child or placement of a child with you for adoption.
  - You would also like to apply for up to three weeks of paid parental leave (running concurrently with FML) to care for and bond with a newborn or newly adopted child.
- The placement of a child with you for foster care.
- Your own serious health condition that makes you unable to perform your job.
- In order to care for your spouse, child, or parent due to his/her serious health condition.
- A qualifying exigency arising due to the fact that your spouse, child, or 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, child, parent, or 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 approval.

### Request Details:

Leave to Start:

Expected Return Date:

Have you taken a family or medical leave in the past 12 months? — No — Yes, when? \_\_\_\_\_

### Employee Acknowledgment:

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.
- I have read and understand the terms of Madison County's Family Medical Leave and Paid Parental Leave policies.

Employee (signature):

Date:

Department Head (signature):

Date: