

# Family and Medical Leave Request

Employee Name: \_\_\_\_\_

**Reason for Leave Requested:**

- Birth, adoption or as a pre-condition to adoption of employee's child.
- Serious illness of employee's child, spouse or parent.
- For my own serious illness.

**Amount of Leave Requested:**

Approximate length of leave (Number of weeks, days, hours): \_\_\_\_\_

Date leave will begin: \_\_\_\_\_

Date employee will return: \_\_\_\_\_

**Notes:**

1. If you are unable to return on the date noted above, you must notify your Manager prior to that date.
2. If your leave schedule is not yet known or other arrangements are necessary, please explain what must be done before your schedule can be confirmed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. If you are requesting intermittent leave, please attach a schedule. Leave may be taken in one hour increments.

Additional Notes/Comments regarding employee's leave request:

Employee's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Please return this form to your Manager or directly to Human Resources