

**Family and Medical Leave Request Form**  
*To Be Completed By Employee and Attached to Certification Forms*

**EMPLOYEE NAME**

**Reason form FMLA Request**
**Check One:**

- Employee's Serious Health Condition**  
**Spouse, Adult Designee, Parent, Child/Dependent**
- Child of Adult Designee with a Serious Health Condition**
- Birth, Adoption or Foster Care Placement of Child \*\***
- Military Exigency Leave (Military Orders Required)\*\***

Service Member is:

- Spouse
- Adult Designee
- Child
- Parent

Specify Name of Covered Military Member:

- Service Member Serious Injury or Illness**

Service Member is (identify relationship to employee):

- Spouse
- Adult Designee
- Child
- Parent
- Next of Kin

Specify name of Covered Service Member:

**Type of FMLA Request**

- Leave for a Consecutive Period of Time \***
- Intermittent Leave \***
- Reduced Schedule \***

\* For consecutive, intermittent or reduced schedule leave for a serious health condition or service member serious injury or illness, you are required to submit a certification from a health care provider that such leave is necessary, the expected duration and schedule of the leave and whether it is necessary for the care of an immediate family member, your own health condition, or a covered service member. Service member serious injury or illness leave also requires documentation confirming the injury or illness was incurred in the line of duty.

\*\* No Certification of a Health Care Provider is required if you are applying for:

- Birth, Adoption or Foster Care Placement of a Child
- Military Exigency Leave

\*\* **MILITARY LEAVE AND QUALIFYING FOR 1,205 HOURS IN THE LAST 12 MONTHS**

To receive credit for time served on military leave, the employee must provide documentation confirming the days/hours of leave when applying for FMLA. An employee receives credit for military time served during the employee's regularly scheduled work hours.

Start Date of Requested Leave:

(Leave blank if requesting intermittent leave)

End Date of Requested Leave

To request a combination of paid (*employee must have positive leave balances to request paid leave*) and unpaid leave under County policies, enter the number of hours of sick, vacation, comp time, holiday (sworn officers only), and unpaid FMLA leave you are requesting:

Sick:  Vacation:  Holiday (Sworn officers only):  Unpaid FMLA Leave:

Use of FMLA and/or a combination of paid and unpaid leave is subject to approval by the Agency Administrator.

**Your signature affirms the information provided above is accurate and complete. If applicable, please be sure the attached Certification of Health Care Provider (CHCP) is completed. Forms are to be submitted to your Division.**

**Employee Signature:**


Date