

FMLA Request Form

Personal Information

Employee Name: _____ Today's Date: _____

Supervisor Name: _____ Phone: _____

Reason For Leave

- Own medical condition (non-work related) Family member's medical condition:
- Birth and care of employee's newborn child Spouse Child
- Military caregiver leave (family member) Parent Parent-in-law
- Qualifying exigency military leave (family member)
- Military leave (self)

Leave Information

Leave Dates From: _____ To: _____ Date of return: _____

Do you plan on using PTO? Yes No How many hours of PTO? _____

Return to work plan:

Medical Information Request (For Human Resources Only)

Is Human Resources requesting medical information for FMLA purposes? Yes No

If yes, Human Resources is requesting the following:

Signature

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____