



## FMLA Leave Request

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

I am requesting family medical leave beginning on \_\_\_\_\_ and lasting for \_\_\_\_\_ weeks.

Worksite: \_\_\_\_\_ Position: \_\_\_\_\_

The anticipated return to work date is \_\_\_\_\_.

Reason for request (Please check appropriate box):

	The birth of a child, or placement of a child with you for adoption or foster care;
	Your own serious health condition;
	Because you are needed to care for your spouse, child, or parent due to his/her serious health condition;
	Because of a qualifying exigency arising out of the fact that your spouse, son or daughter, or parent is on active duty or call 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, or next of kin of a covered servicemember with a serious injury or illness.

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor's Signature & Date

**Please submit request for FMLA to the Personnel Director.** Per board policy GBRIG, leave requests must be supported by additional documentation. These forms will be provided to you upon receipt of your request in the Personnel Department.

