Request for Family or Medical Leave with Response to Employee

EMPLOYEE REQUEST

Name _____ Title _____

Department _____ Payroll # _____ Date ____/ ____/____

I am requesting ☐ Family/Medical ☐ Intermittent (partial day) Family/Medical leave due to

- ☐ the birth of my child or the placement of my adopted or foster child in my home
- ☐ a serious health condition affecting myself
- ☐ a serious health condition affecting my ☐ spouse ☐ child ☐ parent, for whom I must provide care.
- ☐ other _____

Leave to begin ____/ ____/ ____ Leave to end ____/ ____/ ____

Number of days of FMLA leave I have taken in the past 12 months _____

Employee Signature _____