



REQUEST FOR PARENTAL / FAMILY MEDICAL LEAVE

Please complete and return to Human Resources thirty days before your requested leave begins.

Name

Department

Reason for Leave (select one):

- Personal serious health condition
- Serious health condition for my:
 - Spouse Child Parent
- Birth of a child
- Adoption of child or placement of child in foster care
- Military caregiver (up to 26 weeks) for my:
 - Spouse Child Parent Next-of-kin
- Impending call or order to active military duty or already on active duty for my:
 - Spouse Child Parent

Type of Leave (select one):

- Continuous
- Intermittent

Proposed work schedule: _____

Anticipated Start of Leave: _____

Anticipated Date of Return: _____

I understand that the terms and condition of this leave of absence will be governed by the Family and Medical Leave Act of 1993 and its associated regulations. I understand that, during this leave of absence, I will be responsible for paying the customary contributions towards any benefit plans I have elected for me and any applicable dependents.

Employee Signature

Date

Manager Signature

Date

Date Received by HR: _____