

Application for Leave Family and Medical Leave Act

Employee Name: _____

Position:

Send notices to me at:

FMLA Leave Requested From _____

To _____

If leave is requested on an intermittent or reduced leave schedule, describe the requested leave schedule: _____

Reason for Leave Request (check and complete as appropriate):

- 1. For birth of a son or daughter, and to care for the newborn child.
- 2. For placement with the employee of a son or daughter for adoption or foster care.
- 3. To care for the employee's spouse, son or daughter, or parent with a serious health condition

Name of family member: _____
Describe reason employee needs to provide the care and the nature of the care:

4. _____ Because of a serious health condition that makes the employee unable to perform the functions of the employee's job.

Briefly describe condition and job functions that employee is unable to perform:

5. _____ Because of a qualifying exigency arising out of the fact that the employee's spouse, son or daughter, or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation.

Name and relationship of family member:

Describe the qualifying exigency: _____

6. _____ To care for a covered servicemember with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the servicemember.

Name and relationship of family member: _____

Describe reason employee needs to provide the care and the nature of the care

I certify that the above information given by me is correct and that I have read the foregoing and understand my rights under the FMLA.

Employee's Signature
1—FMLA Leave Application

Date

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