

EMPLOYEE REQUEST FOR MEDICAL LEAVE

Employee Name: _____ Date Submitted: _____

Department/Position: _____ Supervisor: _____

I am requesting family/medical leave pursuant to the Federal Family and Medical Leave Act of 1993 and state law for the purpose of me caring for:

- MYSELF (EMPLOYEE) – Employee medical leave as a result of a serious health condition, which has rendered me unable to perform my job functions.
- NEW CHILD- Birth or placement (adoption, foster care) of a child. **Expected date of event:** _____
- FAMILY - Family member having a serious health condition: Spouse Child Parent
- EXIGENCY – Family member is on covered active duty or call to covered active duty with Armed Forces:
 Spouse Child Parent
- NEXT OF KIN – Next of kin of a covered service member with a serious injury or illness:
 Spouse Child Parent

Requested leave start date: _____ **Anticipated return:** _____

I would like to utilize the following: PTO Vacation Unpaid Leave

Employee Signature

Date