

# 410.03E1 Application for FMLA Leave

Friday, August 11, 2023

## 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 service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the service member.

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

Date

\_\_\_\_\_