

415.03E1 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 _____