



## FAMILY AND MEDICAL LEAVE REQUEST

### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Employee Position: \_\_\_\_\_ Department: \_\_\_\_\_

### Type of Absence Requested

#### Reason for Absence:

- The birth of a child, or placement of a child with you for adoption or foster care;
- Your own serious health condition;
- Because you are needed to care for your  spouse;  child;  parent due to his/her serious health condition;
- Because of a qualifying exigency arising out of the fact that your  spouse;  son or daughter;  parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Because you are the  spouse;  son or daughter;  parent;  next of kin of a covered servicemember with a serious injury or illness.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

### Approval

- Approved
- Rejected

Comments:

\_\_\_\_\_  
*Finance Director*

\_\_\_\_\_  
*Date*