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## Employee's Request for Family or Medical Leave

Employee's name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_

Does your spouse work for this company?

- Yes
- No

Reason for taking leave (*check one*):

- to care for my child after birth or placement in adoption or foster care;
- to care for my spouse, child, or parent who has a serious health condition; or
- my own serious health condition makes me unable to perform at least one of the essential functions of my job.

**For leave to be taken all at once, rather than intermittently or on a reduced schedule:**

Date I want leave to start: \_\_\_\_\_

Date I expect to return to work: \_\_\_\_\_

**For leave to be taken intermittently or on a reduced schedule:**

Schedule of time needed off:

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**NOTE: Intermittent or reduced-schedule leave for the birth or placement of a child must be approved by the company.**

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Supervisor  
Payroll  
Employee File