

Request for Family/Medical Leave under the FMLA

In order to be eligible for up to 12 weeks (or 26 weeks for Military Caregiver Leave) of unpaid leave (in a 12-month period) under the Federal Family and Medical Leave Act (FMLA)*, the following criteria must be met:

- You have worked for the Company for at least 12 months (need not be consecutive months, but employment periods prior to break in service of seven years or more need not be counted).
- You have worked at least 1,250 hours in the 12 months preceding this request for leave.
- At the time leave is requested, you either a) work at a worksite with 50 or more employees, or b) work at a worksite where 50 or more employees are employed by the covered employer within 75 miles of that worksite.

* State law may provide greater leave rights. Refer to your employee handbook for state and federal leave policies, if applicable.

Employee to Complete

You are expected to comply with the Company's usual and customary notice and procedural requirements for requesting leave, absent any unusual circumstances. If your need for family/medical leave is foreseeable, you must give at least 30 days' advance written notice. If this is not practicable, you must give notice as soon as practicable under the facts and circumstances of your particular situation (generally within one or two business days of learning of your need for leave).

Employee Name _____

Address _____

Department _____ Position _____

Manager ~ _____

Status (select one) Full-time Part-time Date of Hire ____ / ____ / ____

I hereby request a leave of absence effective on ____ / ____ / ____
(date you are requesting leave to commence).

My estimated return to work date is on ____ / ____ / ____.

Reason for Requested Leave

- Birth of a child of the employee and to care for such child.
- Placement of a child with employee for adoption or foster care.
- To care for a spouse, child, or parent with a serious health condition.

Family Member Name _____

Relationship _____

If family member is a child, is the child under 18 years of age? Yes No

- Employee's own serious health condition.

- To handle certain qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on duty under a call or order to active duty in the Uniformed Services. See your company's policy for more details regarding Military-Related FMLA Leave.

Family Member Name _____

Relationship _____

- To care for a member of the Armed Forces or a veteran with a serious injury or illness related to certain types of military service. Such service member must be the employee's spouse, son, daughter, parent, or next of kin. See your company's policy for more details regarding Military-Related FMLA Leave.

Family Member Name _____

Relationship _____

Are you requesting leave on an intermittent or reduced-schedule leave? Yes No

If "Yes," please describe your proposed schedule.

Employee Signature

____ / ____ / ____
Date