

EMPLOYEE REQUEST FOR LEAVE

Employee Name: _____ Employee No. _____ Date of Request: _____
Department: _____ Position Title: _____
Date of Hire: _____ Status: [] Permanent [] Temporary
[] Full-time [] Part-time

I. I HEREBY REQUEST THAT I BE GRANTED A LEAVE OF ABSENCE FOR THE FOLLOWING REASON: (CHECK ONE AND BRIEFLY EXPLAIN THE BASIS FOR THE REQUEST IN THE SPACE PROVIDED.)

Type of leave:

[] Education [] Military (Attach orders) [] Other _____
[] Health: If this request is under the Family Care & Medical Leave Act, check box [] and check below listed basis.

II. BASIS FOR FAMILY CARE OR MEDICAL LEAVE REQUEST:

- [] A. The birth of a child and/or in order to care for such child.
[] B. To care for a child in the case of adoption or foster care.
[] C. In order to care for an immediate family member because such family member has a serious health condition. Circle: Child - Spouse - Parent (Must submit "Medical Certification - Serious Health Condition" within 15 days).
[] D. Employee's own serious health condition that makes the employee unable to perform the functions of his/her position. (Must submit "Medical Certification - Serious Health Condition" within 15 days).

III. METHOD OF LEAVE REQUESTED

- [] A. Consecutive Leave. Dates of requested leave: From _____ to _____
[] B. Intermittent Leave or Reduced Work Schedule. Specify Proposed Schedule: _____

Reason for leave request: _____

_____, I verify employee is eligible for FMLA leave _____
SIGNATURE OF REQUESTING EMPLOYEE DATE Initials of Benefits Coordinator

_____, SIGNATURE, COUNTY ADMINISTRATIVE OFFICER DATE
[] Approved [] Disapproved

INFORMATION & INSTRUCTIONS

Request for leave falls under various rules and policies depending on the type of leave being requested. Foreseeable requests for leave should be submitted 30 days in advance of the time the leave is to start. Foreseeable leaves under the Family Medical Leave Act can be delayed if 30 days advance notice is not given. In addition, leave requests based on the Family Medical Leave Act require the submission of a Medical Certification that is to be completed by the treating physician.

The rules regarding the continuation of your various benefits, medical, health and dental insurance, and life insurance also vary according to the type of leave. In some cases, the County will continue to pay your health insurance premium for a period of time. In other cases, you must arrange to pay the premiums yourself in order to keep your insurance in force. It is imperative, therefore, that you consult your department's benefits coordinator whenever you are preparing to submit a request for leave form. Failure to do so could cause you to lose valuable rights and benefits.

You should give the completed request for leave form to your supervisor who will in turn send it on to the department benefits coordinator for further processing.