

FMLA Leave Request Form

The federal Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for up to 12 or 26 weeks (up to 72 or 156 days for eligible airline flight crew employees), depending upon the reason for the leave.

Refer to Personnel Plan for the Town of Millis' Family and Medical Leave Policy for information about eligibility, definition of spouse/parent/child, notice requirements, maintenance of health benefits, job reinstatement rights, and other information regarding FMLA leave. The Town of Millis requires all FMLA leave requests to be made using this form. Once complete, submit the form to Karen Bouret DeMarzo, Human Resources Manager, who will review and process the request within five business days.

Employee Information

Employee name:	Leave request submission date:
Date of hire:	Leave start date:
Position and department:	Anticipated duration of leave:

Reason for Leave

Select the reason for requested leave:

- To care for employee's own serious health condition. Attached please find a completed certification from a health care provider documenting my need for leave
- To care for employee's child, spouse, or parent with a serious health condition.
- For the birth of a child and to care for the newborn child within one year of birth. Birth date: _____
- Placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement. Placement date: _____
- Qualifying exigency due to the employee's spouse, child, or parent being a military member on covered active duty or called to covered active-duty status (or notice of an impending call or order to covered active duty).

Name: _____

Relationship: _____

- To care for employee's spouse, child, parent, or next of kin who is a covered service member and who has a serious injury or illness related to active-duty service, as defined by the FMLA's regulations.

Name: _____

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Relationship: _____

Intermittent Leave

If the leave requested is intermittent (taken in separate periods of time due to a serious health condition) or on a reduced hours basis, the employee agrees to consult with their supervisor to make reasonable efforts to minimize disruptions to the department's operations.

Employee initials _____

Prior Leave Taken

Have you taken any family or medical leave within the 12 months immediately before the start date indicated previously? Yes No

If yes, list the leave period(s):

From: (date)	To: (date)	Reason for leave:

Compensation During Leave (Unpaid)

Be advised that FMLA leave is unpaid. However, eligible employees may choose to use any accrued and unused paid leave (such as vacation, sick leave, and paid time off) while on unpaid FMLA leave.

I request to use accrued and unused paid leave while on unpaid FMLA leave (choose all applicable):

Sick leave. Number of hours requested: _____

Vacation time. Number of hours requested: _____

Paid time off (PTO). Number of hours requested: _____

Other: _____

I request unpaid FMLA leave

I understand that to ensure safe operations, employees must have a health care provider complete a fitness for duty certification form before returning to work following a medical leave, whether the injury was work-related or not. The form is used to assess if an employee can return to work at full capacity or if an accommodation is needed

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Acknowledgment and Signature

I acknowledge that I have read this request form and have accurately completed it:

Employee signature: _____

Date: _____