



Request for Leave Under the Family and Medical Leave Act of 1993 and the expansion of FMLA under The Support for Injured Servicemember Act of 2007

I am entitled to a leave of absence under the Family and Medical Leave Act of 1993 (FMLA) and the expansion of FMLA under The Support for Injured Servicemember Act of 2007. I have read the FMLA policy given to me with the FMLA Leave packet.

I. Reason for Leave

I request FMLA leave for the following reason:

- (a) Parenting Leave: To care for my child [select one]: ___ born, ___ adopted, or ___ placed in foster care with me on _____. [date]
(b) Family Medical Leave: To care for the following [select one]: ___ spouse, ___ child, or ___ parent who has a serious health condition: _____. [name]
(c) Employee Medical Leave: My own serious health condition that prevents me from performing the functions of my job.
(d) Covered Family Member's Active Duty or Call to Active Duty (Servicemember Leave): To help prepare for departure or to care for children of [select one]: ___ spouse, ___ son, ___ daughter, or ___ parent, who has been notified of an impending call or order to active military duty or who is already on active duty.
(e) Care for an injured or ill Servicemember (Servicemember Leave): To care for my [select one]: ___ spouse, ___ son, ___ daughter, ___ parent, or ___ next-to-kin, who has been injured or recovering from an injury suffered while on active military duty.

II. Medical Certification / Servicemember Documentation

I understand that my or my family member's health care provider must certify the serious health condition on the "Certification of Health Care Provider" form and that I must submit that certification to MCCSC within 15 days of my receipt of the "Certification of Health Provider" form.

I understand that if I request leave for a covered family member's active duty or call to active duty, I must provide proof of the qualifying family member's call-up or active military service. If I request leave to care for an injured or ill servicemember, I must provide documentation of the family member's or next-of-kin's injury, recovery or need to care.

III. Timing of Leave

I request that my FMLA leave begin on _____ [date], and continue for complete workdays through _____ [date].

I request that my FMLA leave begin on _____ [date], and continue for certain portions of my normal workday or week through _____ [date].

IV. Intent to Return to Work

I intend to return to work upon expiration of this FMLA leave.

I do not intend to return to work upon expiration of this FMLA leave, for the following reasons:

V. Concurrent Use of Paid-Time Off

MCCSC requires employees to use benefit time concurrently during all FMLA leaves.

Table with 3 columns: Question, Yes, No/NA. Questions include: Do you have enough paid time off to cover the planned duration of your leave?, Are you a member of Sick Bank?, If applicable, do you wish to apply for and use Sick Bank for this leave?

Employee Name

Employee Signature

Date