



Leave Request Form – FMLA

Name	Employee ID
Department/Campus	Position
Email	Phone Number
Date	Duration of Leave (Specify Dates)

In general, to be eligible to take leave under the Family and Medical Leave Act (FMLA), an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form is optional, a fully completed Form WH381 provides employees with the information required by 29 C.F.R. §§ 825.300(b), (c) which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Information about the FMLA may be found on the WHD website at www.dol.gov/agencies/whd/fmla.

Reason for Leave:

- The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child
- Your own serious health condition
- You are needed to care for your family member due to a serious health condition. Your family member is your: Spouse Parent Child under age 18 Child 18 years or older and incapable of self-care because of a mental or physical disability
- A qualifying exigency arising out of the fact that your family member is on covered active duty or has been notified of an impending call or order to covered active duty status. Your family member on covered active duty is your: Spouse Parent Child of any age
- You are needed to care for your family member who is a covered service member with a serious injury or illness. You are the service member's: Spouse Parent Child Next of kin

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms “child” and “parent” include in loco parentis relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.



Leave Request Form – FMLA

Type of Leave Requested:

- Continuous Leave: Continuous leave under FMLA means the employee will be out between three days and 12 weeks.
 - Intermittent Leave: Intermittent leave is FMLA leave taken in separate blocks of time due to a single qualifying reason.
-

Designation (Completed by HR Department)

- The employee qualifies for _____ weeks of FMLA. (Continuous)
- The employee qualifies for _____ hours of FMLA. (Intermittent)
- The employee does not qualify for FMLA.

For office use only:

Date of Employment: _____

Start Date of Leave: _____

End Date of Leave: _____

Approved by: _____

Name and Title

Date: _____