Application for Leave
Family and Medical Leave Act

Employee Name: _____ Position: _____

Send notices to me at: _____

FMLA Leave Requested From _____

To _____

If leave is requested on an intermittent or reduced leave schedule, describe the requested leave schedule: _____
_____.

Reason for Leave Request (check and complete as appropriate):

1. _____ For birth of a son or daughter, and to care for the newborn child.
2. _____ For placement with the employee of a son or daughter for adoption or foster care.
3. _____ To care for the employee's spouse, son or daughter, or parent with a serious health condition.
   Name of family member: _____
   Describe reason employee needs to provide the care and the nature of the care:
   _____.

4. _____ Because of a serious health condition that makes the employee unable to perform the functions of the employee's job.
   Briefly describe condition and job functions that employee is unable to perform:
   _____
   _____.

5. _____ Because of a qualifying exigency arising out of the fact that the employee's spouse, son or daughter, or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation.
   Name and relationship of family member: _____
   Describe the qualifying exigency: _____
   _____.

6. _____ To care for a covered servicemember with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the servicemember.
   Name and relationship of family member: _____
   Describe reason employee needs to provide the care and the nature of the care:
   _____.

I certify that the above information given by me is correct and that I have read the foregoing and understand my rights under the FMLA.

_____   _____
Employee's Signature   Date