Unified Government Human Resources Guide

EMPLOYEE NOTICE OF FMLA LEAVE

PLEASE PRINT

Name _____ Department/Division _____

Job Title_____ Date of Hire _____ Employee Number _____

Home Phone: _____ Work Phone _____Work Schedule* _____

(*include the time your shift begins and end and the days of the week you are scheduled to work above. For example, 8 am-5 pm Mon-Fri)

Address:_____City, State_____ Zip_____

Is this address the same as listed on your paycheck? ☐ Yes ☐ No *If no, you must complete an Affidavit of Change of Residency*

Have you applied for FMLA within the last 12 months? ☐ Yes ☐ No If yes, please list date(s)_____

Have you worked for the Unified Government prior to the Date of Hire above? ☐ Yes ☐ No If yes, list dates _____

Supervisor's Name_____Supervisor's Work Phone _____

Manner of Taking Leave: ☐ Continuous ☐ Intermittent ☐ Reduced Work Schedule

Date leave begins _____ Date leave ends _____

Explanation of how Intermittent or Reduced Work Schedule will be taken:_____
_____

Reason for taking FMLA leave:

☐ The birth of a son or daughter and to care for such son or daughter, or for the placement of a son or daughter for adoption or foster care within the 12-month period following the birth, adoption or placement.

☐ To care for my: ☐ Spouse, ☐ Child or ☐ Parent (affirm relationship below) who has a Serious Health Condition.

☐ Because of a Serious Health Condition that makes me unable to perform the functions of my job.

Type of leave:

	No. of Weeks	or	No. of Days	
☐ Vacation	_____		_____	
☐ Sick Leave	_____		_____	
☐ Other Paid Leave	_____		_____	Please specify _____
☐ Unpaid	_____		_____	

☐ I hereby give notice of FMLA leave.

☐ I hereby affirm that the above stated is truly a permitted family member as defined in the FMLA policy (Definitions II.F.4)

Employee Signature _____ Date _____

Reviewed by _____ ☐ Meets requirements ☐ Does not meet requirements

FMLA Compliance Officer