FMLA LEAVE REQUEST FORM

Part A: To be complete	ed by employee and/o	or supervisor, and the	n submitted to sup	pervisor.	
Employee Name		Title/Agency	/Unit		
REASON FOR LEAV	/ E:				
To care for a qualit	ee's own serious heal fying family member willifying Exigency (QE) If of an impending call In support of a conting fying family member will	th condition with a serious health for a spouse, parent or order to active du gency operation."	condition , son, or daughter ty) in the Armed F	orces (including the	Reserves
Provide description/de	etails as appropriate	(do not include confic	lential medical info	ormation):	
TYPE OF LEAVE RE	QUESTED:				
☐ Continu	ious 🗌 Interm	ittent	d Schedule		
If FMLA is approved, d compensatory while or	•	ilable sick leave, vaca	tion time, paid pare	ental leave and/or	
☐ Yes ☐ I	No				
If applicable, provide d	etails:				
Date leave to start:	Date o	f anticipated return to	work:		
Signature of Employee of	r Representative	Date	Supervisor's Sign	nature	Date
Part B: To be complete	ed by supervisor, and	then submitted to hu	man resource con	tact.	
Employee's PCN	Hire Date Emp	oloyee's Classification	Title		
☐ I have attached a list employee's own serious		ns for this employee's រុ	position (for FMLA r	equests arising due to	the
Supervisor Signature		Supervisor Printed Na	me	Date	
Part C: To be complete	ed by human resource	e contact.			
Date agency became a	aware of employee's n	eed for FMLA:			
Are employee and rea	son for FMLA eligible	? No Yes	s (complete FMLA	Designation Notice)	
HR Representative Signa	ature HR Repre	esentative Title	Date		

Updated 06/26/2020