



Employee's Request for Family or Medical Leave

Client company: _____

Employee's name: _____ Today's date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Does your spouse work for this company?

- Yes
- No

Reason for taking leave (check one):

- To care for my child after birth or placement in adoption or foster care;
- To care for my spouse, child, or parent who has a serious health condition; or
- My own serious health condition makes me unable to perform at least one of the essential functions of my job.

For leave to be taken all at once, rather than intermittently or on a reduced schedule:

Date I want leave to start: _____

Date I expect to return to work: _____

For leave to be taken intermittently or on a reduced schedule:

Schedule of time needed off: _____

Note: Intermittent or reduced-schedule leave for the birth or placement of a child must be approved by the company.

Employee's signature

Date

Supervisor's signature

Date