

**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