

**APPLICATION FOR FAMILY OR MEDICAL LEAVE/
MILITARY EXIGENCY LEAVE**
(If leave is foreseeable, request should be submitted at least 30 days in advance)

Name: _____

Department: _____ Date of Hire: _____

Current Address: _____

Home Phone #: _____

Immediate Supervisor: _____ Supervisor Work Phone #: _____

Start Date of Anticipated Leave: _____

Expected Date of Return to Work: _____

Reason for Leave (check one):

- The birth of a child, or placement of a child with you for adoption or foster care;
- Your own serious health condition;
- Because you are needed to care for your ___ spouse; ___ child; ___ parent due to his/her serious health condition.
- Because of a qualifying exigency arising out of the fact that your ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Because you are the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin or a covered service member with a serious injury or illness.

NOTE: An application for FMLA based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a regular County leave request. Additionally, a Certificate of Health Care Provider must be completed by the attending physician and submitted to HR for final approval. A doctor's note does not replace a Certificate of Health Care Provider. Lastly, an employee returning to work after his/her own serious health condition should attach a current job description to the Physical and Functional Evaluation form when submitted to the doctor for completion. (If copy of current job description is needed, contact Human Resources.)

Signature: _____

Date: _____

I am aware the employee listed above has applied for FMLA:

Supervisor Signature

Date: _____

Supervisor Printed Name