**Employee Request For Family or Medical Leave**

To request leave on the basis of the Family and Medical Leave Act (FMLA), please complete the following request form and submit to Human Resources at least 30 days prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical).

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| --- | --- | --- | --- |
| First Name | Last Name | | |
|  |  | | |
| Department | VPCC Hire Date | | State Hire Date |
|  |  | |  |
| Reason for Leave (Select the most appropriate):  Last Name  Department | | | |
| The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or  newly placed child.  Your own serious health condition.  You are needed to care for your family member (spouse, parent, child under 18, or child 18 years or older and incapable of self-care because of a mental or physical disability).  A qualifying exigency arising out of the fact that your family member (spouse, parent, or child of any age) is on covered active-duty or has been notified of an impending call or order to covered active-duty status.  You are needed to care for your family member (spouse, parent, child, next of kin) who is a covered service  member with a serious injury or illness. | | | |
| Please complete the following section if leave will be taken continuously for the entire period. | | | |
| Requested Leave Start Date: | Estimated Return to Work Date: | | |
|  |  | | |
| Please complete the following section if leave will be taken intermittently (periodic time off that is not usually expected to be the same days or time off from week to week) or if you are requesting a reduced work schedule. | | | |
| Describe the schedule of needed time off or the reduced work schedule needed. | | | |
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| Employee Signature: | | Date: | |
|  | |  | |
| Supervisor Signature: | | Date: | |
|  | |  | |

**SUBMIT COMPLETED FORMS TO HUMAN RESOURCES**