

Request for Family and Medical Leave

Employee Name: _____

Department: _____

This form is to serve as notification of my need to take family/medical leave due to:

___ The birth of a child, or the placement of a child with me for adoption or foster care; or

___ A serious health condition that makes me unable to perform the essential functions for my job; or

___ A serious health condition affecting my ___ spouse, ___ child, ___ parent, for which I am needed to provide care.

I request this leave under the Family and Medical Leave Act of 1993 (FMLA). I need this leave beginning on _____ and expect that leave to continue until or about _____.

(Date) (Date)

Employee Signature: _____ Date: _____

Note to employees: Please carefully read the Caroline County Personnel Rules and Regulations, Section 8-108: Family and Medical Leave before submitting this form. Not all employees are eligible to receive FMLA benefits. When the need for leave is foreseeable, employees must submit this form 30 days prior to the requested beginning of the leave. Failure to provide such notice may be grounds for delay of leave.