



# F.M.L.A. Leave Request

Employee Name: \_\_\_\_\_ Department/Division: \_\_\_\_\_

FMLA is for:  NEW Leave Request OR  EXISTING Approved Request  
How is leave to be paid?  Sick  Vacation  No Pay  
 Workers Comp  Sick Pool  Other: \_\_\_\_\_

Start Date for Leave: \_\_\_\_\_ Estimated Return Date: \_\_\_\_\_

# of Leave Days/Hrs Requested: \_\_\_\_\_ Hours / \_\_\_\_\_ Days

**Failure to provide adequate notice may result in delay of FML protected leave.**

### REASON FOR LEAVE REQUEST: (Check One)

**MEDICAL LEAVE**  
**Serious health condition of employee rendering the employee unable to perform job duties.** Note: If a female employee is taking leave for the birth and care of her newborn, also review and check the "Parental Leave" box.  
 **INTERMITTENT MEDICAL LEAVE**

**PARENTAL LEAVE**  
**The birth, adoption or placement of a (well) child.**  
Note: County sick leave may not be utilized for this type of leave. Employee must use vacation time to be paid.

**FAMILY CARE LEAVE**  
**Serious health condition of immediate family**  
 Spouse  Child  Parent  
requiring assistance of the employee. Child is under 18, or 18+ and incapable of self-care due to physical or mental disability. "Parent" does not include in-laws or grandparents.  
 **INTERMITTENT FAMILY CARE LEAVE**  
**Serious health condition of immediate family**  
 Spouse  Child  Parent  
requiring assistance of the employee. Child is under 18, or 18+ and incapable of self-care due to physical or mental disability. "Parent" does not include in-laws or grandparents.

**MILITARY CAREGIVER LEAVE**  
I am the  Spouse  Child  Parent or  
 Next of kin of a covered service member with a serious injury or illness. This is the only 26-workweek leave available under the law.

**MILITARY EXIGENCY LEAVE**  
Leave for any qualifying exigency arising out of the fact that the  Spouse  Child  Parent or  
 Next of kin of the employee is on active duty (notified of an impending call or order to active duty) in support of a contingency operation as a member of the National Guard or Reserves.

**Medical Certifications are valid only for one specific condition. Multiple conditions must be certified separately.**

**I hereby authorize Lee County Employee Health Services, as an agent of the Board of County Commissioners, to contact my health care provider to verify the condition and need for my requested leave or for any other information concerning this leave request and time taken.**

Employee Signature and Date: \_\_\_\_\_

**If you will not be returning as scheduled, it is your responsibility to request additional leave prior to the end of your approved FMLA leave.**

### AUTHORIZATION FOR LEAVE REQUEST:

Department Director/Designee Signature & Date

Printed Name: \_\_\_\_\_

Direct Supervisor Signature & Date

Printed Name: \_\_\_\_\_