

**EMPLOYEE REQUEST FOR
FAMILY OR MEDICAL LEAVE**

Employee Printed Name: _____ Location: _____

I am requesting leave under the Company's Family and Medical Leave policy. I anticipate that this leave will begin on _____ and that the leave will end on _____.

The reason for the leave is as follows: (CHECK ONE)

- Birth of my child. Due date is: _____.
- Adoption of a child or foster care placement of child. Adoption or foster care date is: _____.
- Care for my child, spouse, or parent with a serious health condition. (WI – also includes domestic partner, or parent of spouse or domestic partner)
Name of affected family member: _____
Relationship to me: _____
- My own serious health condition.
- Military exigency related to my family member's military service or call to military service
Name of service member: _____ Relationship: _____
- Care for my family member with a serious injury or illness incurred during military service.
Name of service member: _____ Relationship: _____

I do do not want to use any accrued, unused paid leave during my unpaid FMLA leave. (Indicate below the type and amount of paid leave that you wish to use, if any.)

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| 1 st Week Waiting Period: <input type="checkbox"/> VAC _____ <input type="checkbox"/> PTO _____ |
| While Receiving STD: <input type="checkbox"/> VAC _____ <input type="checkbox"/> PTO _____ |
| While on FMLA only: <input type="checkbox"/> VAC _____ <input type="checkbox"/> PTO _____ |

My regular work schedule is as follows (identify the days of the week and the starting and stopping times you are normally scheduled to work and any overtime hours, if any, you are frequently assigned to work): _____

If I am a salaried employee, my average weekly work hours are _____ per week.

I understand that I or my family member may be required to provide a Medical Certification from a health care provider or other Certifications to support this request. I understand that I may also be required to provide my employer with clarifications or more information in relation to my request. I understand that providing any false or misleading information will result in disciplinary action, up to and including termination.

Dated this _____ day of _____, 20_____.

Employee Signature

Instructions to Employee:

1. Please return this Form to: **Jesse Albers, St. Norbert College Human Resources**
2. A request for FMLA leave must be provided at **least 30 days prior** to the start of any foreseeable leave needs. If the leave is unforeseeable, the request must be made as soon as possible.