# FMLA Leave of Absence Form

## Part A. Employee Information

<table>
<thead>
<tr>
<th>Employee's Name:</th>
<th>Employee ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First)</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Class Title:</td>
<td>Full-Time:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency Name:</td>
<td>Budget Acct #:</td>
</tr>
</tbody>
</table>

## Part B. Leave Dates (Continuous or Intermittent)

- **Estimated Leave Start Date:**
- **Estimated Date of Return:**
- Leave is requested on an intermittent or reduced leave schedule. Indicate the days of the week and/or hours during the day you will be absent:

## Part C. Reason for Leave

- Leave for my own serious health condition (briefly describe):

  
- Leave for the birth of a child or placement of a child for adoption or foster care. Indicate the expected date of birth or placement:

  
- Leave to care for a family member with a serious health condition. Specify the family member’s name and relationship to you:

  
- Leave because of a qualifying exigency arising out of the fact that your spouse/son or daughter/parent is on covered active duty or a call to covered active duty status with the Armed Forces. Specify the covered military member’s name:

  
- Leave to care for a spouse/son or daughter/parent/next of kin of a covered servicemember with a serious injury or illness. Specify the covered servicemember’s name:

  
- Current servicemember?

## Required Certification

- Required certification form is attached. (Form NPD-83, WH-380-F, WH-384, WH-385, or WH-385-V)
- Documentation to establish required relationship between employee and covered individual (if applicable) is attached.

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Signature of Employee or Designee: ____________________________
(Date): ____________________________

(If employee is not available to sign request, note verbal conversation above. Include date of the conversation and the signature of the person who completed the form.)