



**REQUEST FOR FAMILY AND MEDICAL LEAVE (FMLA)**

PLEASE FORWARD TO SARAH BRATCHER – HR

Today's Date: \_\_\_\_\_ Badge # \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's Home Site: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Leave is for: \_\_\_\_\_ Myself \_\_\_\_\_ Family Member

**Approximate Anticipated Dates of Leave:**

From \_\_\_\_\_ To \_\_\_\_\_

Is this Intermittent Leave? YES \_\_\_\_\_ NO \_\_\_\_\_

Will a substitute be needed? YES \_\_\_\_\_ NO \_\_\_\_\_

If you have a sub lined up already, what is their name?

\_\_\_\_\_

**IMPORTANT: IF THE EMPLOYEE'S LEAVE WILL REQUIRE A SUBSTITUTE  
MAKE SURE THAT THE PROPER PROCESS IS FOLLOWED UP WITH  
CANDICE HOYLE.**

Reason for requested leave: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROVIDE 30 DAYS NOTICE WHENEVER LEAVE IS FORESEEABLE.**

**\*\*BEFORE AN EMPLOYEE CAN RETURN FROM FMLA (IF FMLA WAS FOR THEIR OWN SERIOUS HEALTH CONDITION, NOT A FAMILY MEMBER) THEY MUST PROVIDE A DOCTOR RELEASE TO HUMAN RESOURCES.**