



REQUEST FOR FAMILY AND MEDICAL LEAVE (FMLA)

PLEASE FORWARD TO SANDY BURNETTE - 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 leave Intermittent Leave? YES _____ NO _____

Will a substitute be needed? YES _____ NO _____

If you have already secured a substitute, please list their name below.

IMPORTANT: IF YOUR LEAVE WILL REQUIRE A SUBSTITUTE, PLEASE MAKE SURE TO COORDINATE WITH YOUR SUPERVISOR/SITE.

Reason for requested leave: _____

PROVIDE 30 DAYS' NOTICE WHENEVER LEAVE IS FORESEEABLE.

****BEFORE** you may return to work from leave under the FMLA, you **MUST** provide a physician's release to Sandy Burnette in Human Resources, if the reason for your leave was to attend to your own serious health condition.