

**NEO A&M College - Human Resources Department**

**Family Medical Leave Act (FMLA) Request Form**

To be completed by employee and/or supervisor, and submitted to the HR Department. Please note that FMLA is ***not approved*** simply by completing this request form. HR will contact you to complete additional FMLA paperwork no later than 5 days after receiving this request (29 C.F.R 825.300(b)).

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**#1) REASON FOR LEAVE**

I request a leave of absence from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) for the following reason:

- For birth of my child and/or to care for the newborn child.
- For placement of a child with me for adoption or foster care.
- To care for my (circle one): spouse, child or parent with a serious health condition.  
\*Name: \_\_\_\_\_
- Because my own serious health condition makes me unable to perform one of the essential functions of my job.
- Qualifying exigency arising out of the fact that my (circle one): spouse, son, daughter, or parent is a covered service member on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation.
- I am the (circle one): spouse, son, daughter, parent, or next of kin of a covered service member with a serious injury or illness, and I am needed to care for this individual.
- For another reason. (Please specify)

**#2) TYPE OF LEAVE REQUESTED:**     Continuous     Intermittent (inconsistent time)     Reduced Schedule

Amount of Time Requested: \_\_\_\_\_  Days     Hours     Weeks

Explanation of length and type of leave requested: \_\_\_\_\_  
\_\_\_\_\_

I can be reached at the following address and phone during my leave: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee or Representative*      *Date*

\_\_\_\_\_  
*Supervisors Signature*      *Date*

Received by: \_\_\_\_\_  
*Signature of HR Representative*      *Date*