

Family and Medical Leave Request Form
To Be Completed By Employee and Attached to Certification Forms

EMPLOYEE NAME
EMPLOYEE ID

<p>Reason form FMLA Request</p> <p>Check One:</p> <p>Employee's Serious Health Condition</p> <p>Spouse, Adult Designee, Parent, Child/ Dependent Child of Adult Designee with a Serious Health Condition</p> <p>Birth, Adoption or Foster Care Placement of Child **</p> <p>Military Exigency Leave (Military Orders Required)***</p> <p>Service Member is:</p> <p style="padding-left: 20px;">Spouse</p> <p style="padding-left: 20px;">Adult Designee</p> <p style="padding-left: 20px;">Child</p> <p style="padding-left: 20px;">Parent</p> <p>Specify Name of Covered Military Member:</p> <p>Service Member Serious Injury or Illness</p> <p>Service Member is (identify relationship to employee):</p> <p style="padding-left: 20px;">Spouse</p> <p style="padding-left: 20px;">Adult Designee</p> <p style="padding-left: 20px;">Child</p> <p style="padding-left: 20px;">Parent</p> <p style="padding-left: 20px;">Next of Kin</p> <p>Specify name of Covered Service Member:</p> <p>Start Date of Requested Leave:</p> <p>FMLA leave runs concurrently with paid leave. Employees are required to exhaust paid leave balances prior to being eligible for unpaid FMLA leave. Paid leave shall be exhausted in the following order: 1) parental leave; 2) personal preference day; 3) administrative leave; 4) compensatory time; 5) sick leave; and 6) vacation.</p>	<p>Type of FMLA Request</p> <p>Leave for a Consecutive Period of Time *</p> <p>Intermittent Leave *</p> <p>Reduced Schedule *</p> <p>* For consecutive, intermittent or reduced schedule leave for a <u>serious health condition or service member serious injury or illness</u>, you are required to submit a certification from a health care provider that such leave is necessary, the expected duration and schedule of the leave and whether it is necessary for the care of an immediate family member, your own health condition, or a covered service member. <u>Service member serious injury or illness</u> leave also requires documentation confirming the injury or illness was incurred in the line of duty.</p> <p>** No <u>Certification of a Health Care Provider</u> is required if you are applying for:</p> <ul style="list-style-type: none"> • Birth, Adoption or Foster Care Placement of a Child • Military Exigency Leave <p>** If you would like to receive paid parental leave under Salt Lake County HR Policy 4-200, Leave Practices, you are required to submit documentation verifying the birth or adoption.</p> <p>***MILITARY LEAVE AND QUALIFYING FOR 1,250 HOURS IN THE LAST 12 MONTHS</p> <p>To receive credit for time served on military leave, the employee must provide documentation confirming the days/hours of leave when applying for FMLA. An employee receives credit for military time served during the employee's regularly scheduled work hours.</p> <p align="center"><small>(Leave blank if requesting intermittent leave)</small></p> <p>End Date of Requested Leave:</p>
<p>Your signature affirms the information provided above is accurate and complete. If applicable, please be sure the attached Certification of Health Care Provider (CHCP) is completed. Forms are to be submitted to your Division.</p>	
<p>Employee Signature:</p>	