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Complete this form to request an absence in accordance with the Family and Medical Leave Act (FMLA). Your FMLA/HR Coordinator will determine eligibility. Supporting documentation is required within 15 calendar days. FMLA/Extended Leave absence cannot be used for approved work -related injuries. Reference the Notice to Employees for additional information. Changes to leave elections must be made on a subsequent Request for Medical or Family Leave Absence form and will be applied to absences prospectively.

REASON FOR ABSENCE (check one)

My Own Serious Health Condition (Employee Serious Health Condition Certification will be required)

To Care for

use estimated dates if actual dates are unknown)

Full -time absence from \_\_\_\_\_ through \_\_\_\_\_

Intermittent absences from \_\_\_\_\_ through \_\_\_\_\_  
(sporadic absences,