FAMILY OR MEDICAL LEAVE REQUEST FORM – MILITARY

INSTRUCTIONS FOR THE EMPLOYEE

- Complete the form and submit to HR.
- You will be notified as to whether the leave is approved or not.

EMPLOYEE INFORMATION	
Employee Name	
Employee Number	Title

TYPE OF LEAVE

I hereby request FMLA leave for the following reason:

☐ Leave to care for a family member who incurred an injury or illness in the line of military duty.

Family member's full name:_____

Relationship to you: ☐spouse ☐ son ☐daughter ☐parent ☐ next of kin (describe)_____

_____

Under this type of leave, eligible employees who are the spouse, son, daughter, parent, or next of kin of a covered servicemember are entitled to take up to 26 weeks of unpaid, job-protected leave during a 12-month period to care for the servicemember.

☐Leave for a qualifying exigency due to a family member's active military duty or call to duty.

Family member's full name:_____

Relationship to you: ☐spouse ☐parent ☐son or ☐daughter

Under this type of leave, eligible employees are entitled to up to 12 weeks of unpaid, job-protected leave during a 12-month period because of any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.

AMOUNT OF LEAVE

(1)I request that the leave be granted for the following period of time:

Beginning on (date):_____

Ending on (date):_____

(2)I further request that the leave be granted for the following reduced or intermittent leave schedule:

_____

(3)I would like to substitute the following paid leave time, if applicable, during my family or medical leave:

Type:_____ Amount:_____

EMPLOYEE CERTIFICATION AND SIGNATURE
I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and will subject me to discipline up to and including termination. Signature:_____Date:_____

MAINTAIN THIS FORM IN A FMLA CONFIDENTIAL FILE

HR USE ONLY		
Leave Approved? ☐ Yes ☐ No For what period?_____	Expected Return Date	
The following paid leave will be substituted:	Insurance premium to be paid as follows:	
Remarks:		
Signature	Title	Date