

Request for Family/Medical Leave *WASHINGTON COUNTY, IOWA*

(Family and Medical Leave Act of 1993)

Employee's Name

Date of Request

Department

Date of Hire

Position Title

I request Family/Medical Leave for the following reason:

- The birth of a child* and in order to care for such child or the placement of a child for adoption or foster care.
- In order to care for an immediate family member or military servicemember if such family member has a serious health condition. Circle one: Child – Spouse – Parent – Next of Kin (next of kin applicable for military servicemember serious injury or illness only)
- Employee's own serious health condition that makes the employee unable to perform the function of his/her position.
- For a qualifying exigency due to the military active duty status or call to active duty status of a family member. Circle one: Child – Spouse – Parent

Method of Leave Requested:

- Consecutive leave
- Intermittent or reduced leave schedule – specify schedule here:

Date leave is to begin:

Expected duration of leave:

I understand I may be required to provide certification from my health care provider of the need for such leave. If the duration of my family/medical leave (total of paid and unpaid time) does not exceed *12 weeks, I will be returned to my same or equivalent position. I understand that if my family/medical leave should exceed *12 weeks, I will be returned to my same or similar position, only if available, in accordance with applicable laws. If my same or similar position is not available, I understand that I may be terminated.
(*or 26 weeks for care of covered military servicemember)

Employee Signature

Date

Supervisor Signature

Date

*For employee giving birth, sick leave is available only for the period of time physician determines there is a medical need. After that time, vacation and/or unpaid leave must be used.

(Rev. 01/17)