

FMLA REQUEST FOR LEAVE

Under the Family and Medical Leave Act (FMLA), eligible employees are entitled to take up to 12 weeks of job-protected leave for their own or an immediate family member's significant health need. Please submit this completed and signed request form to the Office of Human Resources 30 days before the leave is to begin, or as soon as possible if less than 30 days' notice is known. Your eligibility under FMLA will be determined and you will be notified. For those meeting eligibility, additional FMLA forms will be emailed to you as soon as administratively possible.

See additional information on the [HRFMLA webpage](#)

Employee Information

Employee Last Name

		Today's Date

Duration of Leave