

FMLA Request Form



TO: _____ The Cottages Corporate Office

FROM: _____ Date: _____
(Employee's First & Last Name)

RE: Notice of the Need for **FMLA** Leave Location: _____

This memo is to notify you of my need for leave under the Family and Medical Leave Act. I require a leave of absence from _____ to _____ because:

_____ I am temporarily unable to work because of my own serious health condition.

_____ I will be caring for a family member (spouse, child, or parent) with a serious health condition.

_____ Adoption of a child. _____ Birth of child. _____ Placement of foster child.

If FMLA is approved, do you wish to use available PTO while on FMLA? Yes No

If you answered *Yes* to the above question, please indicate how many PTO hours you wish to use. _____

The Family and Medical Leave Act specifies that employers must provide specific written notice to an employee of rights and responsibilities regarding leave within a few business days of when that employee gives notice of the need for leave (29 C.F.R. 825.301). (See attached document)

_____(initial) I understand that my employer requires a completed certification form from a health care provider documenting my need for leave. (Forms Included)

Employee Signature _____ Date: _____

Administrator's Signature _____ Date: _____

The Cottages Corporate Office _____ Date: _____