

Family and Medical Leave Act (FMLA) Request Form for McDowell County

Please submit request form 30 days before first day of leave when possible.

Employee's Name _____

Department _____ ID# _____

Phone Number _____

Reason for Leave of Absence:

- Own illness (not work related)
- Care for ill parent/spouse/child
- Other (specify) _____
- Pregnancy disability
- Care for newborn/adopted child (Date of Birth/Placement) _____

Requested start date _____

Anticipated end date _____

Requested intermittent or reduced work schedule

- I understand that I am required to complete a FMLA Leave Certification of Health Care Provider form and submit the form to Human Resources before my leave commences. I understand that if my leave is approved, my time away from work will be charged against my 12 week leave maximum under FMLA. In the event that I go into an unpaid status while on leave, I understand that I must contact Human Resources to make arrangements to pay my payroll deductions.

- I understand that the FMLA Fitness for Duty form should be filled out by my health care provider and returned to Human Resources on the day I return to work from FMLA leave.

I request the following forms for my FMLA leave of absence:

1. **Certification of Health Care Provider:** This form is to be completed by either my health care provider (if this leave is for my own serious health condition) or by my family member's health care provider (if this leave is for the serious health condition of a spouse, parent, or child). My physician must complete this entire form. ***Failure to complete this form may delay or prevent my leave approval.***
 - I understand that the Certification of Health Care Provider form should be returned to Human Resources within 15 days. If I am not able to return the form within the allowed timeframe, I will contact Human Resources for assistance.
 - If this information is not received in the required timeframe, my leave will be considered unauthorized

2. **Notification of FMLA Status (Approval/Denial):** This is to notify me that my employer is designating the leave as FMLA leave and to inform me in writing of the specific expectations and obligations required by my employer under FMLA.

Employee's Signature _____ Date _____