FMLA LEAVE REQUEST FORM

Please complete this form to request leave under the Family & Medical Leave Act. Leave will be granted and administered in accordance with the FMLA Act and the City of Cadillac FMLA Policy (C-23.)

Employee_____ Title_____ Date of Hire_____

Supervisor_____ Date_____

REASON FOR LEAVE

Adoption of child_____ Placement of foster child_____ Birth of child_____

Serious health condition of employee_____

Serious health condition of employee's spouse, child or parent_____

Provide description/details as appropriate:_____

_____

_____

_____

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_____

TYPE OF LEAVE REQUESTED: Continuous____ Intermittent____ Reduced Hours____

When an employee is granted FMLA leave, he/she will first use all accrued paid (sick leave, vacation leave, personal leave, or workers compensation leave.) After accrued paid leave is exhausted, the remaining weeks of leave will be unpaid. An employee can request the order in which paid leave is used.

Explanation of length and type of leave requested:_____

_____

_____

_____

Date leave to start:_____ Date of anticipated return to work:_____

_____ _____

Signature of Employee/Representative Date

_____ _____

Supervisor's Signature Date

Received by:_____ _____

Signature of HR Personnel Date