



Employee Request for Karuk Family Medical Leave

TO: _____ **DATE:** _____
Supervisor's Name Goes Here

Cc: Human Resources Director

FROM: _____ **TITLE:** _____
Employee's Name Goes Here

SUBJECT: REQUEST FOR KARUK FAMILY MEDICAL LEAVE (6 WEEKS ONLY)

This serves as my written request for Karuk Family Medical Leave (KFML) as follows:

Date Leave is scheduled to begin: _____

- Purpose:
- to care for my child after birth or after a child has been placed with me for ___ adoption or ___ foster care, within the 12 months following birth or placement
 - to care for my ___ spouse, ___ son, ___ daughter, or ___ parent who has a serious medical condition
 - for my own serious medical condition which makes me unable to perform my job duties;
 - to care for my ___ spouse, ___ son, ___ daughter, ___ parent, or ___ next of kin who is a covered service member who is recovering from a serious illness or injury sustained in the line of duty or active duty

I am requesting _____ of leave and anticipate returning to work on _____.

of Week

Date to Return

I understand that this request does not guarantee that such leave will be granted. I further understand that I am allowed only 6 weeks of unpaid Karuk Family Leave within my first year of employment following successful completion of the terms of my initiation period. I further understand that this leave cannot be used to extend any other leaves offered by the Karuk Tribe. I understand I must provide supportive documentation to Human Resources upon request.

Final – Karuk Family Medical Leave Only