



Administrative Office

Phone: (530) 493-1600 • Fax: (530) 493-5322
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Employee Request for Family Medical Leave

To: _____
(Supervisor's Name)

Cc: **Human Resources Manager**

From: _____
(Employee Name)

Date: _____
(Date You Are Submitting This Request)

Subject: Request for Family Medical Leave under Family and Medical Leave (FML)

This shall serve as a written request for Family Medical Leave beginning on

_____ for the following reason:
(First Day of Leave)

___ 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;

___ for any qualifying exigency (as defined by the Secretary of Labor) arising out of the fact that my ___ spouse, ___ son, ___ daughter, or ___ parent is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation; or

___ 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 on active duty.

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

(Anticipated Return Date)

I understand that this request does not guarantee that such leave will be granted. I further understand that I am allowed 12 weeks of unpaid FML leave in a 12 month period if I am determined to be eligible for FML leave. Thank you for your consideration of this request.