Village of Palmetto Bay

Employee Request for Leave under the Family & Medical Leave Act

Requesting Leave under FMLA:

- Employee completes this request form and turns into Human Resources 30 days prior to the start of the leave OR as soon as practicable.
- Human Resources issues a written response to the employee, which indicates whether the employee is eligible for the FMLA leave.
- Human Resources may request other information and/or documentation from the employee in accordance with FMLA guidelines.

For questions or inquiries, please contact the Human Resources Department.

PART I. EMPLOYEE INFORMATION		
Employee Name	**Employee #**	**Department**

PART II. LEAVE REQUEST DATA	
Reason for the Request:	
☐ Birth of my child	
☐ Placement of a child with me for adoption or foster care	
☐ My own serious health condition or illness (requires medical certification Form WH380E provided by the Village)	
☐ Care for my (check one) ☐ spouse; ☐ child; ☐ parent, due to his/her serious health condition (requires medical certification Form WH380F provided by the Village)	
☐ Qualifying exigency arising from the fact that my (check one) ☐ spouse; ☐ child; ☐ parent, is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves (requires certification form WH384 provided by the Village)	
☐ To care for my (check one) ☐ spouse; ☐ child; ☐ parent; ☐ next of kin, who is a covered servicemember with a serious injury or illness (requires certification form WH385 or WH385V provided by the Village)	
Date Requested Leave is to Begin:	**Date You Expect to Return to Work:**

PART III. REQUEST FOR INTERMITTENT LEAVE	
☐ **Check if not applicable**	
Schedule Requested	**Reason**

PART IV. CONTACT INFORMATION	
1. Employee Address During Leave:	**Employee Phone Number During Leave:**

I understand that I am required to use all accrued Paid Time Off (PTO) concurrently with my FMLA leave. In the event that I go into an unpaid status while on leave, I am required to contact Human Resources to make arrangements to pay my portion of health insurance premiums, if any. I understand that failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been requested and granted. Furthermore, if this leave request is made due to my own serious condition or illness, for which I have provided medical certification, I understand that I will not be allowed to return to work and/or to my regular duties unless I present a fitness for duty certificate from my physician.

Employee Signature:		**Date:**	