

EMPLOYEE REQUEST FOR FAMILY MEDICAL LEAVE ACT FORM

An employee should use this form to request FMLA leave involving intermittent periods of time off or a reduced daily or weekly work schedule. An eligible employee requesting FMLA leave must give thirty (30) days advance notice to the Human Resources Office of the need to take unpaid FMLA leave when the need for leave is foreseeable. When the need for leave is not foreseeable, such notice must be given as soon as practicable. The use of FMLA leave may be subject to verification. Meade County requires that an employee's request for FMLA leave to care for the employee's seriously ill spouse, son, daughter, or parent, or due to the employee's own serious health condition, be supported by a certification issued by the health care provider.

Employee's Name:

Department:

1. The reason for this (Family Medical Leave) need for intermittent leave or a reduced work schedule is:

___ The birth of a child, or placement of a child with you for adoption or foster care;

___ Your own serious health condition;

___ Because you are needed to care for your ___ spouse; ___ child; parent due to his /her serious health condition.

___ Because of a qualifying exigency arising out of the fact that your ___ spouse; ___ son or daughter; ___ parent; ___ is on covered active duty or call to covered active duty status with the Armed Forces.

___ Because you are the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.

2. Request leave under the Family Medical Leave Act beginning on/or about:
and that I expect leave to continue until on or about:

3. Generally FMLA leave is unpaid; eligible employees will be required to substitute their accrued leave for unpaid FMLA leave.

4. Maintenance of Health Benefits

A covered employer is required to maintain group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. If the employee is on unpaid FMLA leave, the employee must make arrangements to pay their share of health insurance premiums while on leave without pay. In some instances, the employer may recover premiums it paid to maintain health coverage for an employee who fails to return to work from FMLA leave.

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___ If approved, I will make arrangements with Meade County's payroll office to pay my share of health insurance premiums while on leave without pay.

5. Notice of Certification

Meade County requires that an employee's request for FMLA leave to care for the employee's seriously ill spouse, son, daughter, or parent, or due to the employee's own serious health condition, be supported by a certification issued by the health care provider.

___ Attached is a completed Certification of Health Care Provider Form

___ Attached is other certification, list type of certification below:

Employee's Signature

Date of Request: _____

HR Director: _____

Date: _____