



FAMILY and MEDICAL LEAVE ACT (FMLA) REQUEST FORM

To be completed by employee or supervisor at least 30 days before commencement of leave (if practicable)

TO: _____

THRU: _____, _____, _____

FROM: _____ **ID#:** _____

DATE: _____

I am requesting to apply for FMLA for the following reason:

- Birth of my child**
- Placement of a child through adoption or foster care**
- My own personal health condition** (*i.e. surgery, illness, injury*)
- A personal health condition affecting my spouse, child, or parent**
- Military leave** (*certain conditions apply – see Chapter 22 of Operations Manual for further information*)
- Military caregiver leave** (*certain conditions apply – see Chapter 22 of Operations Manual for further information*)

Type of Leave Requested: Continuous Intermittent Reduced Hours

If FMLA is approved, Lee County Sheriff's Office policy requires substitution of available accrued hours (sick, personal, vacation) for unpaid FMLA.

Amount of Time Requested: Full 12 weeks _____ thru _____
Other _____ thru _____



Date Leave Expected to Start: _____ Anticipated Return to Work Date: _____

**BASED ON THE DATES ABOVE, PLEASE PROVIDE YOUR ACTUAL SCHEDULE
(INC. HOURS PER DAY) FOR THE FIRST 2 WEEKS YOU WILL BE ON FMLA**

-----SCHEDULE FOR 2 WEEK PERIOD-----

DAY	SUN	MON	TUE	WED	THU	FRI	SAT			SUN	MON	TUE	WED	THU	FRI	SAT	
DATE																	
SCHEDULE																	

Please Note:

An employee requesting leave for their own personal health condition or the personal health condition of their spouse, child or parent must submit a *Certification of Health Care Provider* signed by the treating physician to verify the need for leave. This form will be included in the FMLA packet provided to you by Risk Management.

Failure to return to work at the end of the leave period may be treated as a resignation unless an approved leave of absence has been requested and approved in writing, as described by Lee County Sheriff's Office policy.

Signature of Employee or Representative

Date

Supervisor's Signature and ID#

Date

[RETURN COMPLETED FORM TO RISK MANAGEMENT](#)