

Request for Family Medical Leave

Date of Request:

Employee Name:

Department:

Job Title:

Work Phone:

I require a leave of absence due to:

Personal serious health condition

Personal serious health condition, Worker's Compensation

Family serious health condition (spouse, child or parent), including covered military service member

Birth and care of a newborn child; the placement of a child for adoption or foster care and to care for the newly placed child.

Military family leave, qualifying exigency

For the following dates:

Continuous leave from: _____ to: _____

Intermittent leave according to the following schedule:

Employee Statement: I understand that I must provide documentation to support this leave request. This includes but is not limited to, as applicable to the type of leave requested: a completed Certification of Health Care Provider form, proof of childbirth or placement of child, or documentation from the United States government for the family member with the details of the call to active duty. I understand that, upon receipt of sufficient documentation and/or information, YC will notify me as to the designation of this leave as FMLA leave and will inform me in writing of the specific expectations and obligations required by the College. If this documentation and/or information is not received in the required time frame, my leave may be considered unauthorized. [Reference YC Policy 2.3.6 Medical Leave]

Employee Name (Print)	Employee Signature	Date
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Supervisor Acknowledgement:

Supervisor or Designee Name (Print)	Signature	Date
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Human Resources:

Human Resources or Designee Name (Print)	Signature	Date
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