![City of Bryan logo — CITY OF BRYAN, The Good Life, Texas Style.]

FMLA REQUEST / NOTIFICATION FORM
(Family and Medical Leave Act)
Confidential Information for Human Resources Only

SECTION I: EMPLOYEE INFORMATION

Employee Name (First, Middle, Last): _____

Employee ID (Last 4 Digits of SS#): _____

Position Title: _____

Department: _____

Immediate Supervisor: _____

Date of Hire (Month / Date / Year)**:** _____

SECTION II: LEAVE INFORMATION

Purpose for Requesting Leave:
☐ 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 (<u>not</u> parent-in-law*) due to his/her serious health condition. *In-laws are not covered under the law.

*If employee's child, provide **Date of Birth**: _____

☐ Because of a qualifying exigency arising out of the fact that your ☐ spouse;   ☐ son or daughter; ☐ 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.
☐ Because you are the ☐ spouse; ☐ son or daughter; ☐ parent; ☐ next of kin of a covered servicemember with a serious injury or illness.

Medical Reason / Diagnosis: _____

Date to Commence Leave (Month / Date / Year)**:** _____

Anticipated Return to Work Date (Month / Date / Year)**:** _____

Are you requesting leave on an intermittent or reduced leave schedule?   ☐ Yes ☐ No

If **"Yes"**, please provide schedule of when you will be **<u>unavailable</u>** for work:

_____

SECTION III: OTHER INFORMATION

A **certification** form must be submitted for **<u>all</u>** requests except the birth of a child, or placement of a child with you for adoption or foster care.

Employees seeking to return to work after a leave because of their own serious health condition must complete a **Return to Work Medical Certification** form **<u>before</u>** they will be allowed to resume their regular work schedule.

_____   _____
Employee Signature   **Date**

_____   _____
Human Resources Signature   **Date**