**Application for Leave Under the Family and Medical Leave Act**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Supervisor's Name)

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employee’s Name)

SUBJECT: Request for Family/Medical Leave

Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I would like to take Family and/or Medical Leave for the following reason:

□ the birth of my child, or the placement of a child with me for adoption or foster care; or

□ a serious health condition that makes me unable to perform the essential functions of my job; or

□ a serious health condition affecting my □ spouse, □ child, □ parent, for which I need to provide care.

□ a qualifying purpose arising out of the fact that my □ spouse, □ child, or □ parent is a Covered Servicemember

My leave will begin \_\_\_\_\_\_\_\_\_\_ and continue until, on, or about \_\_\_\_\_\_\_\_\_\_\_\_.