REQUEST FOR FAMILY OR MEDICAL LEAVE

Name: _____ SSN: _____

Department: _____ Date of Hire_____

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

Leave Will Be: Continuous ____ Intermittent _____ Reduced Schedule Leave _____

Leave is For: Self _____ Pregnancy/Birth/Adoption/Foster Care Placement _____
(please circle one)

Spouse _____ Domestic Partner_____ Child ____ Parent ____

Type of Leave to be used (concurrently) first: Paid Family Leave _____ Sick _____
Vacation**_____ IOD _____ Short Term Disability _____

Spouse works for Metro? ____Yes ____ No Have STD Insurance? ___Yes ___ No

Reason for Leave: _____

Notes: * If dates of leave or return change, supervisor must be promptly notified.

A leave request based on a serious health condition must be accompanied by a "Certification of Health Care Provider." (Standard, extended FMLA Leave for self or family member) or a "Certification for Intermittent Leave Request Because of Employee's Own Chronic Serious Health Condition" (Intermittent/Reduced Schedule Leave in shorter blocks of time).

I understand that eligibility for Paid Family Leave does not mean I am automatically eligible for FMLA leave under federal law; and acknowledge that to be eligible for federal FMLA leave I must be employed for 12 months and 1,250 hours. _____ Initials

I understand that failure to comply with reasonable requests for information from my department regarding this leave may result in denial of leave under the FMLA.
_____ Initials

**I currently have ___ days of accrued vacation and wish to hold back ___ vacation days from concurrent counting during my FMLA leave. (Max. of 15 days) ____ Initials.

If I seek intermittent or reduced schedule leave, I agree to consult with my supervisor in order to coordinate my leave date(s) to minimize disruption of my department's operations during my absences. ____ Initials.

Signature: _____ Date:_____

Note: Department HR Coordinator is to maintain original FMLA documents in the departmental file. Only WH – 382 - Designation Notice" is to be sent to Human Resources. Revised 2/26/2024