

Employee Name: _____	Date: _____
Department: _____	Division: _____
Title: _____	Date of Hire: _____

Subject: Application for Family Medical Leave of Absence

Date Leave to begin: _____

Return to work date: _____

Qualifying Reason for Leave:

- _____ The birth of a child, or the placement of a child with you for adoption or foster care.
- _____ A serious health condition that makes you unable to perform the essential functions of your job; or
- _____ A serious health condition affecting your _____ spouse, _____ son/daughter, _____ parent, for which you are needed to provide care.
- _____ Qualifying exigency for military family leave.

I understand that, if qualified, I have the right under the FMLA for up to 12 weeks of paid and/or unpaid leave in accordance with Town Policy and Collective Bargaining Agreements in a 12-month period for the reasons listed above. Also, my health benefits must be maintained during any period of unpaid leave under the same conditions as if I continued to work, and I must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on my return from leave.

It is anticipated that I will return to work upon completion of this leave of absence. It is understood that if I elect not to return to work at the end of this leave, I will be charged the full COBRA amount for all health insurance coverage during any unpaid portion of FMLA leave.

I also understand that if appropriate leave accruals are available this time is to be taken as paid time, utilizing sick time if the qualifying reason is a serious health condition, then vacation and personal leave. The accrued time will run concurrently with FMLA leave time. FMLA leave may include unpaid time once accrued paid leave time is utilized, or if I have no accrued leave time balances.

Human Resource Policy 701.2 (Family Medical Leave of Absence) more fully describes the terms and conditions for a Family Medical Leave of Absence (FMLA).

Signature of requesting party: _____

Date: _____

Original to be sent to the Director of Human Resources