



City of Easton

PENNSYLVANIA

Family and Medical Leave Request Form

In order to be eligible to take leave under FMLA an employee *must* have worked at least 12 months and have at least 1,250 hours of service during the 12 months before the leave begins. Eligible employees may take up to **12 workweeks** of unpaid job-protected leave for certain family and medical reasons. If you wish to request family and medical leave under the City of Easton FMLA Policy, submit this completed request form to the Human Resources Department as early as practicable, preferably no fewer than 30 days in advance of the start of your leave. The City of Easton reserves the right to deny or postpone leave for failure to give appropriate notice.

1.

(Please Type or Print)

Last Name

First Name

Middle Initial

Job Title

Department

2. Reason For Requesting Leave – please check the appropriate box.

A. My own serious health condition (Certification of health Care Provider required.)

B. Birth of my child; to care for my new born child – Date of birth: _____

C. Placement of child with me for adoption or foster care.

Date of placement: _____ (Appropriate documentation required.)

D. To care for my family member (including spouse, domestic partner, child or parent) with serious health condition (Certification of Health Care Provider and proof of relationship required.)

Name / Relationship: _____

3. I request CONTINUOUS FMLA LEAVE starting (date): _____ and ending (date): _____

4. I request INTERMITTENT FMLA LEAVE starting (date): _____ My anticipated schedule of absences is as follows:

5. I request FMLA LEAVE in the form of a REDUCED WORK SCHEDULE from _____ hours/week to _____ hours/week starting (date): _____ and ending (date): _____

6. Intermittent or reduced work schedule leave is medically necessary because: (attached an additional sheet if needed):

Employee Statement of Understanding

I am aware of and understand the following:

- I must return a medical certification form to the Human Resources Department as soon as practicable. Failure to do so may result in my leave being delayed until I provide this documentation;
- Before I return to work following a leave for my own serious illness, I may be required to present a fitness for duty certification to the Human Resources Department;
- My health benefits will continue during my leave and I am expected to pay my co-share of health benefits;
- I must report on a periodic basis the status, and intention of returning to work.
- The City will permit you to use part or all of accrued paid vacation, sick or personal days.

Signature of Employee

Date

Human Resources

Date