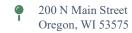




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APPLICATION FOR LEAVE OF ABSENCE/FMLA

(To be Completed by Team Member and Returned to Human Resources Within 3 Days of Receipt)

Name	e:	Date:
Curre	ent Address:	
Department:		Location:
Position/Job Title:		Date of Hire:
Expected Leave Start Date:		Expected Return Date:
Expe	cted Earned Time* Use (Dates/Hours):	
*All E		mber into Paycor in advance of the leave of absence/FMLA.
REAS	ON FOR LEAVE:	
	Birth of a son or daughter, and to care for that son or daughter:	
	Name of Child:	Date of Birth/Due Date:
	Placement with the team member of a son or daughter for adoption or foster care:	
	Name of Child:	Date of Placement:
Care of a spouse, child, parent, or next of kin who is a member of t serious illness or injury while on active duty:		
	Name of Service Member:	Relationship:
	Situation related to a spouse, child, or parent who is a member of the Armed Forces and has been called up for, is currently on, or is returning from active duty:	
	Situation:	
	Name of Service Member: Relationship:	
	Serious Health Condition of:	
	Self Spouse Child (including foster child or legal ward) Parent	
	Name:	
	Other - Name:	Relationship:
	Is the treatment and/or procedure?	Medically necessary Voluntary/Elective
	Intermittent or Reduced Leave Schedule:	
	Other (please explain):	
	Other Non-Medical or Non-Military Reason:	:

A leave based on the serious health condition of the team member or team member's qualified family member will require completion of a medical certification form by the attending Health Care Provider.