

APPLICATION FOR LEAVE OF ABSENCE/FMLA

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

Name: _____ Date: _____

Current Address: _____

Department: _____ Location: _____

Position/Job Title: _____ Date of Hire: _____

Expected Leave Start Date: _____ Expected Return Date: _____

Expected Earned Time* Use (Dates/Hours): _____

*All Earned Time must be entered by the team member into Paycor in advance of the leave of absence/FMLA.

REASON 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 the Armed Forces and who suffered a 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.