

**REQUEST FOR APPROVAL OF LEAVE UNDER
THE
FAMILY AND MEDICAL LEAVE ACT OF 1993**

Employee: _____
Program: _____
Job Title: _____

I hereby request approval for leave under the Family and Medical Leave Act of 1993, per the agency's Personnel Policy Manual, Section VII, Item E. 1.

Date of Leave: From _____ To _____

(The agency has chosen the "rolling" 12-month period in which the 12 weeks of leave entitlement is measured from the date an employee uses any FMLA leave. All employee absences due to illness that exceeds three consecutive working days, requiring a doctor's certificate, will automatically be reported as FMLA.)

Reason for taking leave: _____

_____.

(The employee must provide the agency at least 30 days notice of the intention to take leave, when the necessity is foreseeable. Where the need is unforeseeable, the employee must give notice as soon as practical. Any leave request based on a family member or employee's serious health condition must be supported by certification from a healthcare provider.)

Employee Signature: _____
Supervisor Signature: _____
Executive Director Signature: _____

Route upon approval to: Original to Personnel File and Copies to Employee and Supervisor