

**REQUEST FOR LEAVE**

**THE FAMILY AND MEDICAL LEAVE ACT (FMLA)**

Employee requesting Leave (FMLA): \_\_\_\_\_  
(Employee Name)

Please be advised that as of \_\_\_\_\_, I give you notice of my need to  
(Today's date)  
take family/medical leave due to:

\_\_\_\_\_ The birth of a child, or the placement of a child for adoption or foster care, or

\_\_\_\_\_ A serious health condition that I need care for, or

\_\_\_\_\_ A serious health condition affecting my:

\_\_\_\_\_ Spouse

\_\_\_\_\_ Child (dependent)

\_\_\_\_\_ Parent

for which I am needed to provide care.

I need this leave beginning on \_\_\_\_\_ and I expect the  
(date)

leave to continue until on or about \_\_\_\_\_ and I  
(date)

expect to return to work on \_\_\_\_\_ .  
(date)

Signature of Employee: \_\_\_\_\_

Please Note: Doctor's certifications will be requested.