

**FMLA Employee Request Form**  
**Return to Human Resources Department**

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To request leave on the basis of the Family and Medical Leave Act (FMLA), please complete this form and submit to Human Resources at least 30 days prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical).

**SECTION I – EMPLOYEE**

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EMPLOYEE'S NAME (print clearly):

DEPARTMENT:

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REQUESTED LEAVE START DATE: \_\_\_\_\_ ESTIMATED END DATE: \_\_\_\_\_

The reason for this FMLA leave request is (select the most appropriate box):

- Birth of a child and to care for the newborn child.
- Placement with the employee of a child for adoption or foster care.
- Bonding with child.
- To care for the employee's  Spouse  Child  Parent with a serious health condition.
- A serious health condition that makes the employee unable to perform the functions of the employee's job.
  - This health condition is related to a work injury and a report has been filed.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time (several continuous days, weeks, or months off work).
- For a reduced work schedule (change in work schedule needed-fewer hours per day or fewer hours per week).
- On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments).

Additional information about employee FMLA rights and responsibilities will be provided to you in writing within five business days after receipt of this notice (unless already provided).

Determination of eligibility for leave under the FMLA, and/or additional documentation or clarification of documentation, may be required prior to making a final FMLA determination to approve or deny an FMLA leave request. Please contact Human Resources at [risk@lincoln.ne.gov](mailto:risk@lincoln.ne.gov) or 402-441-7597, option #5 with any questions.

EMPLOYEE EMAIL WHILE ON LEAVE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION II - EMPLOYER**

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Date received: \_\_\_\_\_ FMLA Eligibility Notice sent: \_\_\_\_\_ Initials: \_\_\_\_\_