

FMLA Employee Request Form
Return to Human Resources Department

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

EMPLOYEE'S NAME (print clearly): _____

DEPARTMENT: _____

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 or 402-441-7597, option #5 with any questions.

EMPLOYEE EMAIL WHILE ON LEAVE: _____ PHONE: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

SECTION II - EMPLOYER

Date received: _____ FMLA Eligibility Notice sent: _____ Initials: _____