

REQUEST FOR FAMILY OR MEDICAL LEAVE

EMPLOYEE NAME:	PHONE:
ADDRESS:	CITY, STATE, ZIP:
SOCIAL SECURITY NUMBER:	CLIENT COMPANY:

1. I am requesting family or medical leave for the following reason*:

- The birth or adoption of a child, or the placement of a child for foster care; or
- A serious health condition that makes me unable to perform the essential functions of my job; or
- A serious health condition affecting my spouse, child, or parent.
- A call to active military duty affecting my spouse, child, or parent.
- To care for an injured service member. I am their spouse, child, parent, or nearest blood relative.

* The Employer Group will require employee to provide the appropriate certification for the employee to take leave.

2. I request that this leave commence on or about _____ and expect it to continue until on or about _____.
 Check this box if the leave requested is intermittent:

3. I elect do not elect to substitute any accrued paid time off prior to taking any unpaid leave to which I may be entitled.

4. I currently participate in:

- | | | |
|--------------------------------------------------------|-------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Vision Insurance |
| <input type="checkbox"/> Voluntary Term Life Insurance | <input type="checkbox"/> Flexible Spending Plan | <input type="checkbox"/> Pet Insurance |
| <input type="checkbox"/> Other: _____ | | |

5. I elect to pay my portion of the above premiums (if any) in the following manner during the periods of unpaid leave or insufficient pay (*you must select one*):

- Prepayment
- Payments by me on my regularly scheduled paydays while I am out
- Payments by me on the first of each month while I am out

Employee Signature

Date

For The Employer Group Use Only:

Date Received: _____ By: _____

Date Response Sent: _____ By: _____

Date Certification Required (if applicable): _____