

**CITY OF IDAHO FALLS
FMLA LEAVE REQUEST FORM**

To be completed by employee and/or supervisor, and submitted to the Division of Human Resources. A written response will be issued to the requesting employee.

Employee _____ Position Title _____

Department _____ Date of Hire _____

Supervisor _____ Date notified by employee _____

REASON FOR LEAVE

- _____ The birth of a child, or placement of a child with you for adoption or foster care
- _____ Serious health condition of employee
- _____ Serious health condition of employee's spouse, child or parent
- _____ Qualifying exigency due to spouse, child or parent being called to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- _____ Serious illness or injury of employee's spouse, child, parent or next of kin who is a covered servicemember.

Provide description/details as appropriate, (attach additional sheets if necessary): _____

TYPE OF LEAVE REQUESTED: ___ Continuous ___ Intermittent ___ Reduced Hours

Explanation of length and type of leave requested: _____

If FMLA is approved, your department will require that you use available paid leave benefits while on FMLA.

Date leave to start: _____ Date of anticipated return to work: _____

Signature of Employee or Representative *Date* *Supervisor's Signature* *Date*

Division Director's Signature *Date* *HR Contact Signature* *Date*