

**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 \_\_\_\_\_

Mailing Address \_\_\_\_\_

Department \_\_\_\_\_ Date of Hire \_\_\_\_\_

Supervisor \_\_\_\_\_ Date notified by employee \_\_\_\_\_

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**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 service member.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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*