

REQUEST- FAMILY OR MEDICAL LEAVE
(to be completed by Department Head or designee)

TO: COUNTY MANAGER

THRU: HUMAN RESOURCES DEPARTMENT

FROM: _____ RE: _____

DATE: _____ POSITION NO.: _____

In accordance with Article VI, Section 20 of the **Personnel Ordinance** (Family & Medical Leave Act), I am recommending leave be approved, as requested below, for the above-referenced employee in my department.

Leave to begin _____ Anticipated Ending Date _____ Duration _____

Leave Entitlements: An eligible employee is entitled to a **total of twelve work weeks** of leave in any consecutive twelve month period for the following reasons: (check which one applies)

- _____ A. Birth of a son or daughter of the employee, in order to care for the son or daughter;
- _____ B. The placement of a son or daughter with the employee for adoption or foster care;
- _____ C. The need for the employee to care for the spouse, child, or parent of the employee, when such spouse, son, daughter, or parent has a serious health condition; or
- _____ D. An employee's serious health condition that makes the employee unable to perform the essential functions of his or her position.

<u>Effective</u>	<u>Thru</u>	<u>Type of Leave Requested</u>
_____	_____	Sick Leave
_____	_____	Vacation Leave
_____	_____	Comp Time
_____	_____	Leave Without Pay

Note: Any paid leave does not extend the maximum 12 week leave time in a 12 month period.

Immediate Supervisor

Department Head

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To Be Completed by Human Resources Department:

_____ Verification of the compensatory, sick, vacation balances of employee requesting leave.

_____ Determination that request made meets the following guidelines:

- 1. Employee has worked for County for at least 12 months. (Does not have to be Consecutive) May include part-time or temporary appointments.
- 2. Employee has rendered at least 1, 250 hours of service to County in the last previous 12 months.
- * 3. Employee’s circumstances for request qualifies as a leave entitlement.
- 3. Verification of any previous Family & Medical Leave taken in last 12 months.

Human Resource Director

Senior Personnel Technician

To Be Completed by Employee Requesting Leave:

I have reviewed the County’s Family & Medical Leave Act under Article VI of the **Personnel Ordinance**. I understand that if I do not return from leave on the agreed date, this will be considered a voluntary resignation, and I may be required to repay the County for health premiums paid while on leave. In addition, falsification of any of the information provided may be grounds for disciplinary action.

Employee

Date

*** Note: Employee request and any accompanying doctor’s statement(s) should be attached and forwarded to Human Resources with this form.**