



FMLA Process Request for Leave

EMPLOYEE INFORMATION

Employee Name _____ Date of Request _____

Department/Office _____ Daytime Phone: _____

FT PT SNL Status Non-Exempt Exempt

Continuous Leave Request Intermittent Leave Request Return to Work Other (Provide specifics and supporting documentation):

REQUESTED LEAVE INFORMATION

This form notifies Roosevelt County of your need for leave under the Family and Medical Leave Act.

Beginning Date: _____ End Date (expected): _____

You require a leave of absence because:

- You are temporarily unable to work because of your own serious health condition
- You will be caring for a family member (spouse, child, or parent) with a serious health condition
- Birth and care of a newborn child; the placement of a child for adoption or foster care and to care for the newly placed child

Please attach a completed Form 380 Certification for Health Care Provider for Family Member's Serious Health Condition documenting your need for leave.

EMPLOYEE RIGHTS AND RESPONSIBILITIES

I, _____ certify that Roosevelt County has provided me with Form WH-380 and Form WH-381 in response to my request for leave under the Family and Medical Leave Act (FMLA). I further acknowledge that I have been notified that these forms are due within fifteen (15) calendar days of my request for leave. Failure to return these forms within this reasonable timeframe may be cause for my leave to be denied.

I am aware that Roosevelt County Personnel Ordinance 2007-03 dictates that available accrued paid vacation, sick leave, or any accumulated compensatory time be substituted for any of the eligible twelve (12) week leave period. The Personnel Ordinance is available online at:

<http://rooseveltcountry.com/wp-content/uploads/2013/07/2007-03-Roosevelt-County-Personnel-Ordinance-.pdf>

SIGNATURE

Requesting Employee _____ Date _____

HUMAN RESOURCES ONLY

Date Received: Approved Additional Info Requested On Hold

InCode: Posted Filed