## **FMLA Process Request for Leave**

Established 1903				•					
	EMPLOYEE INFORMATION								
Employee Name				Date of Req	uest				
Department/Office				Daytime Ph	10ne:				
$\Box$ FT		□SNL		Status	□Non-Exempt	□Exempt			
Continuous Leave Reque	st □Intermittent	Leave Request	□ Return to Work	□Other (Provide sp	ecifics and supporting	ng documentation):			
REQUESTED LEAVE INFORMATION									
This form notifies Roosevel	t County of your n	eed for leave und	ler the Family and Me	dical Leave Act.					
Beginning Date:			Enc	l Date (expected):					
You require a leave of abser	nce because:								
□ You are temporarily una	ble to work becau	se of your own	serious health conditi	on					
□ You will be caring for a	family member (sj	pouse, child, or j	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									

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certify that Roosevelt County has provided me with Form WH-380 and Form WH-381 in I, 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://rooseveltcounty.com/wp-content/uploads/2013/07/2007-03-Roosevelt-County-Personnel-Ordinance-.pdf

		SIGNATURE	
Requesting Employee			Date
	Т	IUMAN RESOURCES ONLY	
	1	IOMAN RESOURCES ONE I	
Date Received:	□Approved	□ Additional Info Requested	□On Hold
InCode:  Posted	□Filed		