



FMLA Employee Request Form

To request leave under the Family and Medical Leave Act (FMLA), please complete this request form and submit it to the Office of Human Resources at least 30 days before the start of your leave. If the leave is unforeseen, submit the form as soon as possible. Along with this form, you must also submit a completed WH-380E or WH-380F form with your physician's approval. Please note that incomplete forms will delay processing.

Contact Information:

Employee Name (print clearly): _____ Date of Request: _____

Employee's Address: _____

Employee's Contact Number: _____

Requested Leave Start Date: _____ Estimated End Date: _____

Use of PTO Hours During FMLA Leave

Per policy, 400.13 of the City of Mount Vernon Employee Handbook, all sick time, personal leave, vacation time, and comp time must be used simultaneously during the use of FMLA leave. Please indicate your current balances:

Sick Leave: _____ *Personal:* _____ *Vacation:* _____

Comp Time: _____

Please indicate the reason for this FMLA leave request: (select the most appropriate box):

- Birth of a son or daughter and to care for the newborn child.
- Placement with the employee of a son or daughter for adoption or foster care.
- To care for the employee's spouse, son, daughter or parent with a serious health condition.
- A serious health condition that makes the employee unable to perform the functions of the employee's job.
- A qualifying exigency arising out of the fact that the employee's spouse, son, daughter or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active duty status).
- To care for a covered servicemember with a serious injury or illness if the employee is the spouse, son, daughter, parent or next of kin of the covered servicemember.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time (several continuous days, weeks or months off work).
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).
- On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments).

Additional information about employee FMLA rights and responsibilities will be provided after receiving this notice. Determination of eligibility for leave under the FMLA, and/or additional documentation or clarification of documentation, may be required prior to making a final FMLA determination to approve or deny an FMLA leave request. **Please contact the Office of Human Resources at hr@mountvernonohio.org with any questions.**

Employee Signature: _____

Date: _____