



Human Resources

Telephone 252-789-0224
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REQUEST FOR FAMILY AND MEDICAL LEAVE

Requests for FMLA should be submitted to Human Resources at least 30 days in advance when the need for leave is foreseeable or non-emergent in nature. When 30 days' notice is not possible, the employee must provide notice as soon as practicable and must comply with the normal call-in procedures.

Employee Name: _____

Colleague ID: _____ Phone #: _____ Department: _____

Reason for Requesting FMLA Leave: (check one)

- The birth of a child, or the placement of a child with me for adoption or foster care.
- My own serious health condition.
- A serious health condition for which I am needed to provide care for my:
 - Spouse
 - Child
 - Parent
- A qualifying exigency due to my spouse, child, or parent is on or called to covered active duty in support of a contingency operation in a foreign country, as a member of the regular armed forces.
- I am the spouse, child, parent or next of kin of a covered service member with a serious injury or illness.

Type of Leave Requested:

- Continuous absence
- Reduced work schedule (limited to serious health condition)
- Intermittent leave (limited to serious health condition)
- Multiple days of absence for medical treatment

Beginning Date of Leave: _____ Estimate Return Date: _____

FMLA provides eligible employees* with up to 12 weeks of unpaid, job-protected leave for qualified reasons (listed above). Although this leave is unpaid employers may require employees to use accrued paid time while out. MCC does require the use of accrued paid leave prior to being placed on an unpaid leave.

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

SIGNATURES:

Employee: _____ Date: _____

Return to Human Resources