



# Family and Medical Leave Request

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: (parish or other diocesan entity): \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

I have \_\_\_\_\_ have not \_\_\_\_\_ taken a leave of absence in the past twelve- (12) months.

**The reason for this FMLA leave request is (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 service member with a serious injury or illness if the employee is the spouse, son, daughter, parent or next of kin of the covered service member.

**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 to you in writing within five business days after receipt of this notice (unless already provided).

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 Human Resources with any questions.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business/Parish Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For entity use ONLY:* Date received: \_\_\_\_\_ FMLA Eligibility Notice sent: \_\_\_\_\_

Form uploaded to Paylocity on: \_\_\_\_\_

For employees at the Pastoral Center: Return to HR Department  
For employees at parishes, school & other ministries: return to Business/Parish Manager