

Employee FMLA Leave Request

(Family/Medical Leave Request Form)

Formula Corporation
FMLA Administrator
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Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to take to 12 or 26 weeks of job-protected leave for certain family and medical reasons. Submit this request form at least 30 days before the leave is to begin, when possible. When 30 days advance submission of the request form is not possible, submit the request as soon as possible. Our Company reserves the right to deny or postpone leave if you do not give adequate notice when permitted under federal and/or state law.

Employee Information

Date Format: mm/dd/yyyy

Name: Employee ID#:

Address:

Department: Job Title:

Today's Date: Hire Date: Supervisor:

Status: Full-Time Part-Time Temporary Normal Work Schedule:

Primary Telephone: Secondary Telephone:

Reason for Requesting Leave

I am requesting family/medical leave for the following reasons: (Check all that apply)

- Birth of my child(maternity leave)
- Placement of a child with the employee for adoption or foster care
- Leave to care for a family member with a serious health condition
Relationship of family member to you:
- My own serious health condition
- Qualifying exigency because a family member is on or has been called to active duty in the Armed Forces
Relationship of family member to you:
- Leave to care for a family member who is a member of the Armed Forces or covered veteran
Relationship of family member to you:
- Other(please explain):

Duration of Leave

Leave expected to begin: Leave expected to end:

If intermittent or reduced-leave schedule is being requested, please explain: (include proposed leave schedule)

Additional Notes:

Employee Certification and Signature

I certify that the above information is true and correct to the best of my knowledge:
Employee Signature: Today's Date:

Eligibility Check List:

- Been on the company's payroll for a total of 12 months?
- Worked at least 1,250 hours in the 12 months prior to leave?
- Worked at a location where at least 50 employees are employed by the business within 75 miles?

email to: kellieb@formulabenefits.com