



**EMPLOYEE REQUEST
FOR FAMILY MEDICAL LEAVE**
Family and Medical Leave Act (FMLA)
California Family Rights Act (CFRA)

INSTRUCTIONS to the EMPLOYEE: Complete either Part A, Part B, or Part C depending on reason for absence.

Employee Name

Badge

Dept/Div

Date

PART A: Absence for Employee's own serious health condition. (See LACMTA Family Medical Leave Policy HR #33)

_____ This request is for my own serious health condition.

_____ I have included the required Certification of Health Care Provider.

PART B: Absence to take care of others. (See LACMTA Family Medical Leave Policy HR #33)

_____ This request is for the birth of my child, bonding with newborn child, placement of child with me for adoption or foster care.

_____ I have included the required proof of birth, adoption or foster care placement

_____ This request is to care for an eligible family member who has a serious health condition.

Indicate relationship: _____

If child, indicate birth date: _____ (month/day/year)

_____ I have included the required Certification of Health Care Provider

I am required to provide the following care: _____

PART C: Military Family Leave. (See LACMTA Military Leave Policy HR #14)

_____ This request is for a qualifying exigency because my _____ spouse _____ son or daughter _____ parent is on active duty or has been notified of an impending call or order to active duty in support of a contingency operation.

_____ This request is for my _____ spouse _____ son or daughter _____ parent _____ domestic partner _____ child of my domestic partner _____ my next of kin who is a covered servicemember with a serious injury or illness.