



# TOWN OF SAUGUS

ADMINISTRATIVE SERVICES  
298 CENTRAL STREET  
SAUGUS, MASSACHUSETTS 01906  
Telephone: (781) 231-4142 • Fax: (781) 231-5666

## REQUEST FOR FAMILY AND MEDICAL LEAVE

Employees must provide 30 days advance notice when FMLA leave is foreseeable

Employee Name \_\_\_\_\_

Department \_\_\_\_\_ Date of Request \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

**I request Family and Medical Leave for the following reason: (must choose one)**

- For the birth and care of my newborn child;
- For the placement of a child through adoption or foster care;
- To care for my immediate family member with a serious health condition;
  - Spouse     Child     Parent (must choose one)
- My own serious health condition; OR,
- Military Family Leave Entitlement

**I am requesting that my leave begin on:** \_\_\_\_\_

*(Date)*

**and continue for** \_\_\_\_\_

*(Period of Time)*

**based on the certification I:**

- Provided with this request;
- Will provide within 15 days of receiving my Notice of Eligibility of Rights & Responsibilities and Medical Certification paperwork.

**I have \_\_\_\_\_ have not \_\_\_\_\_ taken family or medical leave in the past 12 months.**

I understand my group health insurance will continue for the duration of my approved leave provided I continue to pay my regular weekly or biweekly contributions. Please continue to deduct my contributions from payroll checks I may receive while on leave. In the event I do not receive a payroll check, or the contribution amount exceeds the check total, I agree to pay the Town directly for my share of the health insurance premium on a monthly basis. I understand if I do not pay my portion of the health insurance premium that my coverage may lapse.

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

*Return this form to your Supervisor - Supervisors please forward to Administrative Services*