



EMPLOYEE FAMILY MEDICAL LEAVE ACT (FMLA) REQUEST FORM

Employee: _____ Social Security Number: _____

Address _____
Street City State Zip

Daytime Phone Number: _____ Email Address: _____

How will your leave be taken?

- One block of time from: ___/___/___ to: ___/___/___
Intermittently, beginning on or around ___/___/___
One block of time from ___/___/___ to ___/___/___ and then intermittently as follows:

*If taking intermittent leave, you are responsible for reporting the hours taken as FMLA leave to RMI each week. RMI will provide a form to you for this purpose.

I wish to request family and medical leave due to (check one and provide additional information where indicated):

- The birth of a child or the adoption or placement of a foster child.
The serious health condition of my spouse, child, or parent for whom I need to provide care:
My own serious health condition:
My spouse, child, or parent has been called up for or is on active duty in the Armed Forces, including the National Guard, Reserves and regular military units, and my circumstances justify my need for leave.
My spouse, child, parent, or next of kin is seriously injured or ill as a result of serving on active duty in or as a veteran of the Armed Forces, including the National Guard, Reserves and regular military units.

Please submit your completed form to your local RMI HR Department. Your request will be reviewed and a member of the HR Department will contact you regarding your requested leave.

Employee Signature: _____ Date: _____

Resource Management, Inc. Offices:

Table with 3 columns: Location, Phone, Fax. Locations include Salt Lake City, UT; St. George, UT; Mercer Island, WA; Las Vegas, NV.