



# Employee Request for Leave or Approved Absence (Including Family and Medical Leave - FMLA)

Name	Department
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Address (if applying for FMLA only)
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## Type of Absence

Type of Leave <small>(One type of leave per request form. Multiple dates for same type of leave OK)</small>	Date(s)		Total Days/Shifts	Total Hours
	FROM	TO		
<input type="checkbox"/> Vacation/Annual Leave				
<input type="checkbox"/> Floating Holiday				
<input type="checkbox"/> Compensatory Time				
<input type="checkbox"/> Bereavement Leave				
<input type="checkbox"/> Other Paid Absence <small>(specify in remarks below)</small>				
<input type="checkbox"/> Leave Without Pay				
<input type="checkbox"/> Sick Leave <small>(check appropriate purpose box below)</small>				

Purpose of sick leave (absences of one work week or longer require the completion of the backside of this form):  
☐ Care of self or medical/dental/optical examination of requesting employee  
☐ Care of family member, including medical/dental/optical examination of family member

**Family and Medical Leave**  
 If annual leave, sick leave or leave without pay will be used under the Family and Medical Leave Act of 1993, provide the following information and complete the reverse side of this form.  
  
 Reason for leave:  
☐ Because of my own serious health condition which makes me unable to perform the essential functions of my job\*.  
☐ For the birth of my child and to care for the newborn child. Anticipated delivery date: \_\_\_\_\_  
☐ For the placement with me of a child for adoption or foster care.  
☐ To care for my spouse, child or parent with a serious illness\*. Name/relationship: \_\_\_\_\_  
  
☐ For the following reason (please specify): \_\_\_\_\_  
  
 \*(you must submit a medical certification form within 15 days)

## Signatures/Approvals

Remarks:
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**CERTIFICATION:** I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with the City's procedures for requesting leave/approved absences (and provide additional documentation, including medical certification, if required) and that falsification of information may result in appropriate disciplinary action.

Employee Signature	Date
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<b>DEPARTMENT APPROVAL</b> (If disapproved, give reason. If annual leave, initiate action to reschedule)	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED

Supervisor Signature	Date
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Department Head Signature	Date
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<b>CITY MANAGER APPROVAL FOR LEAVE WITHOUT PAY</b>	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED

Signature	Date
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## Family and Medical Leave of Absence Leave Request

(This portion of your request must be filled out if the annual leave, sick leave or leave without pay will be used under the Family and Medical Leave Act of 1993)

Contact your Supervisor and/or the Human Resources Office to obtain additional information about entitlements and responsibilities under the Family and Medical Leave Act of 1993.

### Leave Information

Consecutive leave beginning on:		Consecutive leave ending on:
Intermittent or reduced schedule beginning on:	Intermittent or reduced schedule ending on:	I will work according to the following schedule:

Briefly explain reason for leave request:

I will be using accrued paid leave during this absence, including sick leave as allowed under City policy and any applicable labor agreement, until all paid leave is used. Then, after I have exhausted my accrued leave, my absence will be without pay. I request my paid leave balances be utilized according to the following during my leave of absence (must be used in order indicated below):

1. Sick leave	2. Comp. Time	3. Floating Holiday	4. Vacation/Annual	5. Other
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**Total hours:**

### Employee Signature

I certify that I understand, agree to and meet the requirements and conditions of the City of Longview's FMLA policy and that medical certification may be required before my leave is approved. I authorize the appointing authority to obtain any necessary information regarding my request for family and medical leave.

**Note:** If your leave is approved as Family Medical Leave, the City of Longview will continue to pay for your health benefits during the approved leave at the same level as before your leave. Any contributions you make to insurances (supplemental life, long-term disability or contributions to your health care coverage) must be continued by you while on leave if they are to be maintained. These will continue to be made through payroll deduction as long as you are in paid status. If you use all your paid leave and go into an unpaid leave status, you will be responsible for making your portion of the premium payments directly to the City the first day of each month. Your coverage may be dropped if payment is more than 30 days late. You may have to reimburse the amount the City contributed to your health benefits, if you choose not to return following the Family Medical Leave for other than medical reasons.

Employee signature	Date
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### Department FMLA Acknowledgement

The supervisor and Department Head must evaluate the request and sign below, return a signed copy to the employee, and forward the original to Human Resources.

Supervisor	Date
Department Head	Date

### Human Resources Approval

Approved by:	Date
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Not approved for the following reason(s):