

Archdiocese of Washington - FMLA INTAKE FORM

FMLA is requested for: ☐ Employee's own illness ☐ To care for a family member:

Employee Name:

Employee Email Address:

Employee Telephone Number:

Employee Address:

Date of Hire:

Weekly Hours:

Employee Job Title:

Employee's Last day of Work:

Available Paid Leave Time:

Sick

NRI

Vacation

Applicable to Employee illness only

Condition (*If pregnancy, include due date*):

Employing Location Name and Address:

Employer Contact:

Employer Telephone:

Employer Email:

Additional information:

Please send completed forms to the Office of Human Resources via email to ArchdioceseHR@adw.org or via fax to: 301.853.7680