

Richmond Behavioral Health Authority
Family Medical Leave Request Form

Employee's Full Name _____ Hire Date ____ / ____ / ____

Position / Title _____ Department _____

Status: Regular full-time ____ Regular part-time ____

(To be completed by Employee)

I request a leave of absence beginning on ____ / ____ / ____ . If this request is granted, I currently expect to return to work on ____ / ____ / ____ . I need a leave of absence for the following reason:

CHECK APPLICABLE REASON

- a. _____ My own serious health condition that makes me unable to perform the functions of my job;
- b. _____ To care for my spouse, child or parent who has a serious health condition;
- c. _____ The birth of my child and to care for the child within 12 months from birth;
- d. _____ The adoption or foster care of a child within 12 months of date of placement;
- e. _____ Qualifying exigency arising out of employee's spouse, child, or parent being on active duty (or having been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation;
- f. _____ I am the spouse, child, parent, or next of kin of a member of the Armed Forces who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.

If the reason for leave is **b**, **e**, or **f** above, please identify your relationship to the person for whom you will be caring and the name and the name and address of that person. _____

Are you requesting leave on an intermittent or reduced leave schedule? ____ yes ____ no

If yes, please give an estimated schedule of when you expect to be unavailable for work. _____

Employee's Signature: _____ Date: _____