Application for Leave Under the Family and Medical Leave Act

1. Name (Please print - first, last, mi)	2. Social Security Number

3. Position (Title, Series, Grade)

4. Purpose of Leave (Check appropriate category):

a. ☐ Birth of a son or daughter and care of such child. (5 CFR 630.1230a(l))

b. ☐ Placement of son or daughter with you for adoption or foster care. (5 CFR 630.1230a(2))

c. ☐ Care of your spouse, son, daughter, or parent who has a serious health condition. (5 CFR 630.1230a(3))

d. ☐ A personal serious health condition which prohibits you from performing the essential functions of your position. (5 CFR 630.1230a(4))

5. Anticipated starting date	6. Anticipated Ending Date

7. Please indicate below the total number of hours of each type of leave you anticipate needing for the current condition/event.

a. Hours of sick leave	b. Hours of annual leave	c. Hours of leave without pay

8. If leave is for a medical condition, is medical certification included with application?

☐ Yes ☐ No

9. Additional information relevant to your application. (if applicable)

APPROVED		DISAPPROVED	
10. Name		14. Name	
11. Title	Date	15. Title	Date
12. Dates of FMLA		16. Justification for denial of FMLA	
a. Beginning Date:	b. Ending Date	a. ☐ No entitlement.	
		b. ☐ Entitlement used for current 12 month period.	
13. ☐ Provisionally approved pending medical certification.		c. ☐ Unacceptable final medical certification. *(Based on third option)*	