

INITIAL FMLA LEAVE REQUEST

PROCESS: This form is to be completed by all employees requesting Medical Leave of more than 3 days. Please complete and return to Shari Huggar in Human Resources via pony or email: hcs-fmlarequest@hampton.k12.va.us. Once the request is received, additional paperwork will be provided to you.

Employee Name: _____ Employee ID#: _____

Department/School: _____ Position: _____

Employee Phone Number: _____ Employee Work Number: _____

Beginning Date of Leave _____ Expected Date of Return _____

Email address: _____

REASON FOR LEAVE (Please Check)

_____ The birth of a child, or placement of a child with you for adoption or foster care;

_____ Your own serious health condition;

_____ Because you are needed to care for your _____ spouse; _____ child;
_____ parent due to his/her serious health condition.

_____ Because of a qualifying exigency arising out of the fact that your _____ spouse;
_____ son or daughter; _____ parent is on active duty or call to active duty
status in support of a contingency operation as a member of the National Guard
or Reserves.

_____ Because you are the _____ spouse; _____ son or daughter; _____ parent; _____
next of kin of a covered service member with a serious injury or illness