



# IDAHO NATIONAL GUARD

## FAMILY MEDICAL LEAVE ACT (FMLA)

### LEAVE REQUEST FORM

**PART A: COMPLETED BY REQUESTING EMPLOYEE, THEN SUBMIT TO SUPERVISOR**

Employee Name: \_\_\_\_\_  
 Employee Personal Phone Number: \_\_\_\_\_  
 Employee Personal Email: \_\_\_\_\_

**REASON FOR LEAVE:**

- Birth of a child, or adoption of a child or placement of a child in foster care
- Due to the employee's own serious health condition
- To care for a qualifying family member with a serious health condition
- To attend to a Qualifying Exigency (QE) for a spouse, parent, son, or daughter of a service member who is "on active duty (or notified of an impending call or order to active duty) in the Armed Forces (including the Reserves and National Guard) in support of a contingency operation."
- To care for a qualifying family member who incurred a serious injury or illness in the line of duty while on active duty in the Armed Forces.

If applicable, provide description/details: \_\_\_\_\_  
 \_\_\_\_\_

**TYPE OF LEAVE REQUESTED:**

- For a **continuous** block of time (several continuous days, weeks or months off work)
- For a **reduced/flexible work schedule** (change in work schedule needed-fewer hours per day or fewer hours per week)
- On an **intermittent** basis (periodic time off as needed; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments).

Date leave begins: \_\_\_\_\_ Date of anticipated return to work: \_\_\_\_\_  
 If applicable, provide description/details: \_\_\_\_\_  
 \_\_\_\_\_

**PAID LEAVE DESIGNATION**

Do you wish to use Paid Parental Leave, sick leave, vacation time and/or compensatory time if FMLA is approved?

No                      Yes (Please indicate):      PPL      Sick                      Vacation                      Compensatory Time

Do you wish to request Vacation Leave Donations if you are eligible?

No                      Yes

If applicable, provide description/details: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Employee's Printed Name*

\_\_\_\_\_  
*Date*

**PART B: COMPLETED BY SUPERVISOR, THEN SUBMITTED TO HUMAN RESOURCES**

Date supervisor became aware of employee's need for FMLA: \_\_\_\_\_

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Supervisor's Printed Name*

\_\_\_\_\_  
*Date*

**PART C: COMPLETED BY HUMAN RESOURCES**

Date agency became aware of employee's need for FMLA: \_\_\_\_\_

\_\_\_\_\_  
*HR Representative's Signature*

\_\_\_\_\_  
*HR Representative's Printed Name*

\_\_\_\_\_  
*Date*