ROUND ROCK TEXAS
HUMAN RESOURCES

REQUEST FOR FAMILY MEDICAL LEAVE OF ABSENCE

Statement of City policy:

Employees who have been employed for at least 12 months and have worked for at least 1,250 hours during the 12-month period immediately prior to the request or designation for leave are eligible for leave.

Name: _____ **Employee Number:** _____

Department: _____ **Hire Date:**_____

Location: _____

Alternate Address or Contact: Name:_____

Address: _____ **State:**____ **Zip:** _____

Phone: ( )_____

Type of Leave Requested

Select one of the following:

- ☐ Employee Medical Leave of Absence
- ☐ Family Medical Leave of Absence
- ☐ Leave to care for newborn or adopted child or a child placed for foster care

Information regarding prior FMLA leaves

Have you had a prior family or medical leave?

- ☐ No
- ☐ Yes If yes, dates:

Schedule and duration of Requested Leave (Describe the intermittent or reduced schedule if applicable):
Check one box.

- ☐ Full Time Leave Begin Leave Date: _____ End Leave Date: _____
- ☐ Intermittent Leave Begin Leave Date: _____ End Leave Date: _____
- ☐ Reduced work schedule

Reason for Leave

I request an employee or family medical leave of absence for the following reason (check one box):

- ☐ My personal serious health condition
- ☐ Birth of my child
- ☐ Adoption of a child by me
- ☐ Placement of a child with me for foster care
- ☐ Serious health condition of (check one) ☐ Child ☐ Foster Child ☐ Parent ☐ Spouse

Describe if necessary:

Employee Signature: _____ **Date:** _____

DEPARTMENT RECEIPT

FMLA Liaison's Signature _____ Date: _____