



# City of Easton

## PENNSYLVANIA

### **Family and Medical Leave Request Form**

In order to be eligible to take leave under FMLA an employee *must* have worked at least 12 months and have at least 1,250 hours of service during the 12 months before the leave begins. Eligible employees may take up to **12 workweeks** of unpaid job-protected leave for certain family and medical reasons. If you wish to request family and medical leave under the City of Easton FMLA Policy, submit this completed request form to the Human Resources Department as early as practicable, preferably no fewer than 30 days in advance of the start of your leave. The City of Easton reserves the right to deny or postpone leave for failure to give appropriate notice.

**Please print name/job title and department**

Last Name	First Name	Middle Initial
Job Title	Department	

**Reason For Requesting Leave** – please check the appropriate box.

- My own serious health condition (Certification of health Care Provider required.)
- Birth of my child; to care for my newborn child – Expected date of birth: \_\_\_\_\_
- Placement of child with me for adoption or foster care.  
Date of placement: \_\_\_\_\_ (Appropriate documentation required.)
- To care for my family member (including spouse, domestic partner, child, or parent) with serious health condition (Certification of Health Care Provider and proof of relationship required.)  
Name / Relationship: \_\_\_\_\_
- Military Deployment or care for covered service member with serious injury or illness.  
Deployment date: \_\_\_\_\_ Service member name/relationship: \_\_\_\_\_  
Expected return date: \_\_\_\_\_ Dates of return: \_\_\_\_\_

I request continuous FMLA leave starting (date): \_\_\_\_\_ and ending (date): \_\_\_\_\_

I request Intermittent FMLA leave starting (date): \_\_\_\_\_

My anticipated schedule of absences is as follows: (attach an additional sheet if needed): \_\_\_\_\_

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I request FMLA leave in the form of a reduced work schedule from \_\_\_\_\_ hours/week to \_\_\_\_\_ hours/week starting (date): \_\_\_\_\_ and ending (date): \_\_\_\_\_

Intermittent or reduced work schedule leave is medically necessary because: (attached an additional sheet if needed):

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### Employee Statement of Understanding

I am aware of and understand the following:

- I must return a medical certification form to the Human Resources Department within 15 calendar days. Failure to do so may result in my leave being delayed.
- Before I return to work following a leave for my own serious illness, I may be required to present a fitness for duty certification to the Human Resources Department.
- My health benefits will continue during my leave, and I am expected to pay my co-share of health benefits.
- I must report on a periodic basis the status, and intention of returning to work.
- If requesting intermittent or reduced schedule leave, you must attempt to work out a schedule with your supervisor which meets your needs without unduly disrupting your department's operations.
- FMLA is an act to protect employees who need family leave and was willing to do so without pay. I understand that I will not be able to apply vacation, sick or personal days unless there is an express provision in my collective bargaining agreement applicable to those who are members of a bargaining unit. Rights of non-Union employees are to be governed by City employment policies governing such non-Union employees in effect at the time a request has been made.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Manager

\_\_\_\_\_  
Date