

Ingham County FMLA Request Form

Employee: _____

Date: _____

Job Title: _____

Dept: _____

Supervisor: _____

Eligible employees are entitled under the **Family and Medical Leave Act (FMLA)** up to twelve (12) weeks of unpaid, job-protected leave for certain family and medical reasons. Submit this request form to the Benefits/Leave Analyst at least thirty (30) days before the leave is to commence, when practicable. When submission of the request thirty (30) days in advance is not practicable, submit the request as early as is practicable. The employer reserves the right to deny or postpone leave for failure to give appropriate notice when such denial/postponement would be permitted under federal or state law.

Hire Date: _____

Employee Number: _____

Have you previously had an FMLA? Yes No

If yes, when _____

I am requesting leave for the following reason: (check appropriate line)

My serious health condition

Family member's serious health condition Relationship _____

Birth of a child

Adoption or Foster Care Placement

Qualifying Exigency

Military Service Member Care Relationship _____

Dates for leave: _____ to _____

I, _____ give permission to communicate with me via email at
Print name

_____ or by phone at _____
Non-work email address phone number

Signature

Date

Please return this completed form to Brenda Mills, Human Resources HSB Building or via email at bmills@ingham.org or via fax at 517-887-4396