

Ingham County FMLA Request Form

Eligible employees are entitled to up to twelve (12) weeks of unpaid, job-protected leave for certain family and medical reasons under the **Family and Medical Leave Act (FMLA)**. Submit this request form to the Benefits/Leave Analyst at least thirty (30) days before the leave would begin if possible. When submission of the request thirty (30) days in advance is not possible, submit the request as early as possible. Ingham County 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.

Employee: _____ **Date:** _____

Employee #: _____ **Hire Date:** _____

Job Title: _____ **Department:** _____

Supervisor: _____

Have you previously had FMLA? Yes No

If yes, list dates of FMLA: _____

Reason you are requesting leave:

- Your Serious Health Condition
- Family Member's Serious Health Condition Relationship: _____
- Birth of a Child
- Adoption or Foster Care Placement
- Qualifying Military Exigency
- Military Service Member Care Relationship: _____

Start Date of Leave: _____ **End Date of Leave:** _____

I give permission to communicate with me via phone at _____

and/or by personal email at _____

Signature: _____ **Date:** _____

Please return this completed form to Steph Keith, Benefits/Leave Analyst in Human Resources (HSB), via email to skeith@ingham.org or fax to 517-887-4396.