

## Floyd County Family Medical Leave (FML) Request Form

*When requesting Family Medical Leave, employees are required to provide thirty days written notice or, if this is not possible, as much notice as is practical. An employee undergoing planned treatment is required to make a reasonable effort to schedule the treatment to minimize disruptions to operations. Federal Regulations required employers to notify employees of their right to FML.*

### Employee Information

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Department Head: \_\_\_\_\_

### Leave Request Information

I am requesting leave under the Family Medical Leave Act. I require a leave of absence because:

- I am temporarily unable to work because of my own serious health condition.
- I will be caring for a \_\_\_ spouse, \_\_\_ child or \_\_\_ parent with a serious health condition.  
Birth and care of a newborn child; the placement of a child for adoption or foster care and to care for
- the newly placed child.
- I will be caring for the serious injury or illness of a covered military service member.

Beginning Leave Date: \_\_\_\_\_

Expected Return Date: \_\_\_\_\_

It is my understanding that I am eligible for up to twelve weeks of unpaid leave under the Family Medical Leave Act. I understand to be eligible for FML leave; I must have been employed by Floyd County for a least one year and have worked 1,250 hours within the previous twelve-month period. I understand I must be returned either to the same position I was in prior to the leave or to a position equivalent in pay, benefits, and other terms and conditions of employment.

I understand, as stated in the Employee Policy Handbook, I must use any accrued paid time off hours (such as sick leave, compensatory time, personal days, and vacation days) for any part of the twelve-week period of such leave. I also understand I may elect to reserve use of up to five vacation days.

\_\_\_\_\_  
*Employee Signature*

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

**Submit this form directly to Human Resources via e-mail to [mportwood@floydcounty.in.gov](mailto:mportwood@floydcounty.in.gov) , via secure fax to 812-948-4744, or in person. Do not put the condition or illness on this form for privacy reasons. You may contact Human Resources at 812-941-3 to request information or schedule a meeting to discuss in private to find out more about any leave of absence. Submission of the form begins the FML process, it is not the documents to approve FML**