



# Employee Request to Employer Request for Family, Medical or Service Member Leave

Gloucester County

(Family and Medical Leave Act of 1993 & Service Member Amendment of January 2008)

Date:

To: HUMAN RESOURCES & DEPARTMENT \_\_\_\_\_  
(Employee's Department)

From: \_\_\_\_\_  
(Employee's Name-Print)

### Subject: REQUEST FOR FAMILY/MEDICAL LEAVE

I am informing Gloucester County of my need to take leave due to the following reason(s)  
[check all appropriate blocks]:

- The birth of a child, or the placement of a child for adoption or foster care; or
- A serious health condition that makes me unable to perform the essential functions of my job;
- A serious health condition affecting my  spouse,  child,  parent, for which I am needed to provide care.
- Service member Family Leave: I am a  spouse,  son,  daughter,  parent, or  next of kin of a member of the Armed Forces, including National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness for which I am needed to provide care.

I understand my rights under the FMLA allow for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above, except Service member Family Leave, which allows for up to 26 weeks of leave in a 12-month period. Also, I understand Gloucester County uses the "rolling" month method of calculating a 12-month period, which starts on the first day I use FMLA and ends 52 weeks later. The 12-week or 26-week time frame may be consecutive or intermittent or any combination thereof. Further, if Service Member Leave is used, this leave is only available during a **single 12-month period** and the entitlement of **26 weeks is the combined total** number of weeks with any other FML request. Gloucester County requires a monthly update by notifying Human Resources of FMLA status and/or intent to return to work. Some periods of FMLA may require a return to work slip signed by physician and/or fitness for duty certification in order to return to work on the scheduled date. The **Employer Response to Employee** notification will detail the applicable statements of the law that apply to this request.

I anticipate leave beginning on \_\_\_\_\_ and expect leave to be \_\_\_\_\_  
(Date)

Intermittent, or  Consecutive; and continue until on or about \_\_\_\_\_  
(Date)

Signed,

*Failure to request FMLA leave does not prevent The County from classifying qualifying absences from work as family or medical leave.*