



Peach County Human Resources

213 Persons Street
Fort Valley, GA 31030
www.peachcounty.net



FMLA Leave Request

DATE: _____

EMPLOYEE: _____

SOCIAL SECURITY NUMBER: _____

JOB TITLE: _____

DEPARTMENT: _____

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) up to 12 weeks of job-protected leave for certain family and medical reasons. SUBMIT THIS REQUEST FORM to your supervisor or department head AT LEAST 30 DAYS BEFORE THE LEAVE is to commence, when possible. When submission of the request 30 days in advance is not possible, submit the request as early as possible.

REASON FOR REQUEST:

Leave Entitlement - A covered employer must grant an **eligible** employee up to a total of 12 workweeks of unpaid leave during any 12-month period for one or more of the following reasons:

- _____ For the birth and care of a newborn child of the employee
- _____ For placement with the employee of a son or daughter for adoption or foster care
- _____ Scheduled adoption/placement date: _____
- _____ To take care for a spouse, child, or parent with a serious health condition
- _____ To take medical leave when the employee is unable to work because of a serious health condition
- _____ For qualifying exigencies arising out of the fact that the employee's spouse, child, or parent is on active duty to or call to active duty status as a member of the armed forces in support of a contingency operation

DATES OF LEAVE REQUESTED:

_____ I request leave from _____ to _____.

_____ I request intermittent leave according to the following schedule:

_____ I request a reduced schedule leave according to the following schedule:

EMPLOYEE RESPONSIBILITIES:

- Complete a Medical Certification Form – You must have a certification of healthcare provider completed within 15 days. Approval of your leave may be delayed until this form is submitted. This form can be picked up in Human Resources.
- You will be required to take comp time, vacation, and/or sick leave concurrent with FMLA.
- Pay Your Premiums to Continue Benefits – You are responsible for paying your share of your health and other insurance premiums while you are on leave.

BEFORE YOU RETURN:

If you're Going Out for Your Own Illness – You will be required to bring medical certification from your physician stating your ability to return to work with our without restrictions before you will be permitted to return to work.

IF YOU DO NOT RETURN TO WORK:

If You Cannot Return Due to Medical Condition – You must present another Medical Certification Form from the appropriate health care provider stating that, as of the date that your leave expired, you are either unable to perform functions of your position or that you are needed to care for your relation. *This does not guarantee approval of the extended leave. The Peach County Human Resources Manager has final say.*

If you do not return to work or contact your supervisor or HR **on or before** your agreed upon return date, it is assumed you have abandoned your position.

Employee's Signature

Date

FOR DEPT HEAD/SUPERVISOR USE ONLY:

DATE RECEIVED: _____

RECEIVED BY: _____

PLEASE FORWARD TO HR UPON RECEIPT.

FOR HR USE ONLY

RECEIVED DATE: _____

HIRE DATE: _____

_____ FULL TIME _____ PART TIME

SUPERVISOR: _____

DEPARTMENT: _____

HR SIGNATURE: _____

LEAVE IS:

_____ APPROVED _____ DENIED _____ OTHER

REASON:

DATE: _____