



Employee FMLA/PFML Leave Request (Family/Medical Leave Request Form)

To request leave on the basis of the Family and Medical Leave Act (FMLA), please complete the following request form and submit to Human Resources at least 30 days prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical).

Employee Information (print clearly):

Name: _____ Today's Date: _____

Hire Date: _____ Supervisor: _____
Employment Status: Full-Time Part-Time

Requested Leave Start Date: _____ Estimated Leave End Date: _____

Reason for Requesting Leave:

I am requesting family/medical leave for the following reasons: (check all that apply)

Medical Leave:

- To manage my own serious health condition.

Family Leave:

- To bond with my child during the first 12 months after the child's birth.
 To bond with my child during the first 12 months after adoption or foster care placement.
 To care for a family member with a serious health condition.

Relationship of family member to you: _____

- To care for a family member who is or was a member of the Armed Forces, National Guard or Reserves and developed or aggravated a serious health condition in line of duty on active duty while deployed to a foreign country.
 To manage family affairs while a family member is on or has been called to active duty in the Armed Forces, including the National Guard or Reserves.

Relationship of family member to you: _____

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time (several continuous days, weeks, or months off work).
 For a reduced work schedule (change in work schedule needed-fewer hours per day or fewer hours per week).
 On an intermittent basis periodic time off that is not usually expected to be the same days or time off from week to week.

Determination of eligibility for leave under FMLA, and/or additional documentation or clarification of documentation, may be required prior to making a final FMLA determination to approve or deny an FMLA leave request. Please contact Jen Stratford at jstratford@gorelco.com or 508-686-0322 with any questions.

Employee Signature: _____ Date: _____

Return to Human Resources Department

For HR use ONLY: Date Received: _____ FMLA Eligibility Notice Sent: _____