



Unpaid Leave (FMLA) Request Form

Employee's Name: _____ Employee ID Number: _____

Department: _____ Supervisor: _____

1. I request unpaid leave under the Family Medical Leave Act for the following reason:

- for birth of a child and to care for that child;
- for placement with me of a child for adoption or foster care;
- to care for my spouse, son, daughter, or parent with a serious health condition;
- my own serious health condition;
- to care for a covered service member for military family leave;
- to deal with a qualifying exigency for military family leave;
- other _____.

2. I request that my leave begins on: _____

3. I expect the leave to continue until: _____

I have read and fully understand RELCO's policies and procedures for FMLA as documented in the most current version of the Employee Handbook.

Employee Signature

Date