WASHINGTON COLLEGE

Office of Human Resources
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REQUEST FOR FAMILY OR MEDICAL LEAVE

Based on the FMLA policy, I am requesting FMLA as follows:

A. EMPLOYEE INFORMATION

WC ID number:_____ ☐ Faculty ☐ Staff

Name of Employee: (***Proper Name Required***)

First Name	Middle	Last Name	Suffix

Address:

City	State	ZIP Code:

Title:	Department:	Supervisor:

B. REQUESTED FAMILY OR MEDICAL LEAVE

Start Date of Anticipated Leave:		Expected Date of Return from Leave:	

Date(s) you have been seen by a health care provider or have an appointment schedule to be seen by a provider:

_____

Reasons For Leave:

- ☐ The birth of a child, or placement of a child with you for adoption or foster care; or
- ☐ a serious health condition that makes you unable to perform the essential functions of your job; or
- ☐ a serious health condition affecting your spouse, child, parent, for which you are needed to provide care; or
- ☐ a qualifying exigency arising out of the fact that your spouse, child, or parent is on active duty or called to active duty status in support of a contingency operation as a member of the Nation Guard or Reserves; the qualifying exigency is one of the following:
  - o short-notice deployment
  - o military events and related activities
  - o childcare and school activities
  - o financial and legal arrangements
  - o rest and recuperation
  - o post-deployment activities
  - o other (provide description)_____
- ☐ a serious injury or illness affecting your spouse, child, parent, next of kin, who is a covered military service member with a serious injury or illness incurred in the line of duty while on active duty.
- ☐ Does this leave request relate to a previously-certified FMLA request? If yes, please provide information regarding the previous FMLA leave, including the reason for the leave and the dates.

NOTE: An employee requesting leave for any of the above medical reasons must submit a verifying certification form from a health care provider. An employee requesting leave for a qualifying exigency must also submit a verification form. All certification forms are due within fifteen (15) calendar days after requesting leave.

Employee Signature		Date:	