

Trinity EMS, Inc.

**Family/Medical Leave of Absence  
Request Form**

An employee is eligible for leave under the Family and Medical Leave Act if they have worked for at least 1250 hours over the previous twelve months.

I request a Family/Medical Leave of Absence for the following reason:

- To care for a child after birth. Anticipated delivery date is \_\_\_\_\_
- Placement for adoption or foster care
- To care for a spouse, son or daughter, or parent who has a serious health condition
- For a health condition that makes me unable to perform my job

This is:

- An original request
- A request for an extension to my leave
- A request for intermittent family/medical leave for the following times:

I anticipate the duration of my leave to be as follows:

Start date: \_\_\_/\_\_\_/\_\_\_ to return date: \_\_\_/\_\_\_/\_\_\_

I am aware of my responsibilities regarding continuation of healthcare benefits (this applies if you are currently having weekly insurance premium deductions).

I am aware of the need to provide appropriate fitness-for-duty/return-to-work documentation at the end of my leave for reinstatement.

In order for an FMLA leave to be counted toward your absence from work the attached forms must be completed by the HR Department and the employee's treating physician.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_