

Application for Leave Under the Family and Medical Leave Act

DATE: _____

TO: _____
(Supervisor's Name)

FROM: _____
(Employee's Name)

SUBJECT: Request for Family/Medical Leave

Effective _____, I would like to take Family and/or Medical Leave for the following reason:

- the birth of my child, or the placement of a child with me for adoption or foster care; or
- a serious health condition that makes me unable to perform the essential functions of my job; or
- a serious health condition affecting my spouse, child, parent, for which I need to provide care.

My leave will begin _____ and continue until, on, or about _____.