



FMLA Transit Operator

FMLA Request Form

To: *Dispatch*

Name: _____ Date: _____

(or a Supervisor in employee's behalf)

I may need Family Medical Leave. My regular work schedule is: _____.

I anticipate the leave may be from _____ to _____.
& taken Continuously, Intermittently or Continuous & Intermittent

The reason for the leave request is:

- My own serious health condition.
- A family member's serious health condition (i.e. Child (step), Spouse, Legal Guardian, Parent (step), Loco Parentis) Family member: _____
- The birth, adoption or placement for foster care of a child.
- A military family member's service-related illness or injury.
- The military deployment of a family member on active duty, in the reserves or the National Guard.

Please provide me with the appropriate forms. When they are ready:

- Place them in my Ops mailbox
- Call me and I will pick them up, phone number: _____
- Mail them to my home address

If your FMLA is approved, you will need to use all eligible vacation leave prior to going into an unpaid leave status, but you can also use sick leave, which leave would you like to use?
vacation sick Leave Both vacation and sick leave

Signature

Printed Name

Date

To be completed by Dispatch

Dispatch:

- _____ Note days off the employee anticipates for their situation, and plan for coverage
- _____ Initial the form, send copy to supervisor, and route original to Human Resources

Human Resources:

- _____ Review employee's work hours and hire date to confirm they qualify for FMLA



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_____ Create required FMLA forms within five working days, and provide to employee