



FMLA Request Form

To: Fixed Route Dispatcher or Paratransit Coverage Scheduler

From: \_\_\_\_\_ 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 \_\_\_\_\_.

The reason for the leave request is:

- My own serious health condition.
A family member's serious health condition (i.e. Spouse, child, mother, father)
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 mail box
Call me and I will pick them up
Mail them to my home address

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

To be completed by Ops Dispatcher

Dispatch or Supervisor:

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