



All WTA positions,
except Transit Operator

FMLA Request Form

I, _____, may be in need of FMLA,

beginning on _____, for the following reason:

_____ My own serious health condition.

_____ A family member's serious health condition.
Family member: _____ (i.e. Spouse, child, mother, father)

_____ 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.

My regular work schedule is: _____

_____.

Please provide me with the appropriate forms.

Thanks!

Signature

Date

Printed Name

Please return this completed form to the HR Department
or fax it to the secure HR fax @ 360-715-4518