

# FAMILY AND MEDICAL LEAVE ACT (FMLA) EMPLOYEE REQUEST FORM

City of Noblesville, Indiana  
An Equal Opportunity Employer

To request leave on the basis of the Family and Medical Leave of Act (FMLA), please complete the following request form and submit it to Human Resources at least 30 days prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical).

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Phone #: \_\_\_\_\_ Personal Email: \_\_\_\_\_

### The reason for this FMLA leave request is (select the most appropriate box):

- The birth of your child or the placement of a child with you for adoption or foster care. *Note: If requesting intermittent leave, you must also complete the Intermittent Leave Request Form.*
- A serious health condition that makes you unable to perform the essential functions of your job.
- A serious health condition affecting your spouse/child/parent for which you are needed to provide care.\*  
Family illness (*Name & Relationship*): \_\_\_\_\_

*\*If your reason for Family and Medical Leave is due to a qualifying exigency for military family leave or to care for a seriously injured or ill covered military service member, please contact Human Resources for the "Request for Military Family Leave" form.*

### Time off work is expected to be (select the most appropriate box):

- For a continuous block of time (several consecutive days, weeks, or months off from work).
- For a reduced work schedule (change in work schedule needed, fewer hours per day or fewer hours per week).
- On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments). *Note: If requesting intermittent leave due to your child's birth, or the placement of a child with you for adoption or foster care, you must also complete the Intermittent Leave Request Form.*

Date leave to begin: \_\_\_\_\_ Date leave to end: \_\_\_\_\_

Total number of requested: days: \_\_\_\_\_ or hours: \_\_\_\_\_

### Compensation while on leave:

- Banked Compensatory Time: You may request to use your accrued banked compensatory time while on leave for an approved FMLA reason. If the hours are used, they will not be counted against your FMLA leave entitlement.
- Short-term Disability: If you are enrolled in a short-term disability policy, you may elect not to use your accrued sick, vacation/floating holidays to supplement your disability payments. If you wish to use paid time off hours, you may elect only enough hours to equal up to 100% of your pre-disability earnings, and you will need to contact payroll to determine how many hours will be used.

- Accrued sick and vacation/floating holiday hours: If you are not enrolled in a short-term disability policy or the terms of the policy has expired, the city requires that accrued sick, vacation, and floating holidays be used concurrently with FMLA leave. **Circle the paid time off hours you wish to use first: Sick, Vacation, or Floating Holiday (if applicable).** **If nothing is circled, your sick time hours will be used first.**

**FMLA Notices / Determination of eligibility:**

Please return this completed form to the Human Resources Department. Additional information about your FMLA rights and responsibilities will be provided to you in writing within five business days after receipt of this notice (unless already provided).

Your determination of eligibility for leave under the FMLA and/or additional documentation or clarification of documentation may be required prior to making a final FMLA determination to approve or deny an FMLA leave request. Please contact Human Resources with any questions.

**Employee Signature:** \_\_\_\_\_

**Return to Human Resources**

*For HR use only:* Date received: \_\_\_\_\_ FMLA Eligibility Notice sent: \_\_\_\_\_