

Family and Medical Leave Act Request Form

The federal Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for up to 12 or 26 weeks, depending on the reason for the leave. Please refer to ITSQUEST's Family and Medical Leave Policy for detailed information about eligibility and notice requirements, maintenance of health benefits, job reinstatement rights, and other important information regarding FMLA leave.

ITSQUEST, INC requires all FMLA leave requests to be made using this form. Once complete, it should be submitted to the communication@itsquest.com, which will review and process your request within five business days.

Employee Information

Employee Name:

Date Request is Submitted:

Date of Hire:

Date Leave is Requested to Start:

Position/Department:

Anticipated Duration of Leave:

Reason for Leave of Absence:

___ To care for employee's own serious health condition (not work-related).

___ To care for employee's child, spouse, or parent with a serious health condition.

___ Birth of a child and care for the newborn child within one year of birth.

(Date of child's birth: _____)

___ Placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement.

(Date of child's placement: _____)

___ Qualifying exigency due to the employee's spouse, son, daughter, or parent being a military member on covered active duty or called to covered active duty status (or notice of an impending call or order to covered active duty).

Name: _____

Relationship: _____

___ To care for employee's spouse, son, daughter, parent, or next of kin who is a covered service member and who has a serious injury or illness related to active duty service, as defined by the FMLA's regulations.

Name: _____

Relationship: _____

If the leave requested is intermittent (taken in separate blocks of time due to a serious health condition) or on a reduced hours basis, employee agrees to consult with his or her supervisor to

make reasonable efforts to minimize disruptions to the department's operations. _____
Employee initials

Prior Leave Taken

Within the 12 months immediately before the start date indicated above, have you taken any family or medical leave? _____ Yes _____ No

If yes, please provide the period or periods of leave taken:

Reason for leave:

____/____/____ to

____/____/____

____/____/____ to

____/____/____

____/____/____ to

____/____/____

Pay During Leave

FMLA leave is unpaid. Eligible employees may choose to use any accrued and unused paid leave (for example, sick or vacation leave) while on unpaid FMLA leave. Please indicate your preference below:

____ Request to use accrued and unused paid leave while on unpaid FMLA leave:

I acknowledge that I have read this request form and accurately completed it:

Employee Signature

Date