

FMLA LEAVE REQUEST FORM

(FAMILY AND MEDICAL LEAVE – AM-203-2-1)



Section I: Employee Information

Employee's Full Name _____ Job Title _____

Agency/Bureau/Division _____

Phone _____ Email _____

Is your spouse employed by the City of Baltimore? Yes No

If yes, please provide the following:

Spouse's Name _____ Employing Agency _____

Section II: Leave Request Information

Dates requested for leave of absence: FROM _____ THROUGH _____

Reason(s) for leave:

- The birth of a child and/or care of a newborn child.
- Placement of a child for adoption or foster care.
- To care for a family member (spouse, child or parent) with a serious health condition.
- Unable to perform one or more essential job function because of a serious health condition.
- Spouse, child, parent or next of kin is a covered service member or veteran with a serious service-connected injury or illness.
- Qualifying exigency arising out of the fact that a spouse, child or parent is on active duty (or call to active duty status) with the Armed Forces overseas or in support of a contingency operation.

Type of Leave Requested:

- Continuous
- Intermittent
- Reduced Schedule

Describe the Intermittent/Reduced Leave schedule, if requested:

Section III: Employee Verification

Employee Signature _____ Date _____