

## FMLA/MEDICAL LEAVE REQUEST FORM

Applicant Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Work Location: \_\_\_\_\_

Scheduled Weekly Hours: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

Estimated End Date: \_\_\_\_\_

 Continuous Intermittent**PURPOSE OF LEAVE:** Medical Childbirth Adoption Foster Care On the Job Injury Date: \_\_\_\_\_ (Time away for work related injury is charged against FMLA balance). To care for the serious health condition of a military service member injured in the line of duty. To care for the qualifying exigency of a pending active military status of spouse, son, daughter, or parent.**LEAVE IS TO CARE FOR:** Self Spouse Child -Age: \_\_\_\_\_ Parent: Mother Father Parent of Spouse: Mother Father Parent in loco-parentis (must provide written qualifier to HR)**SUPPORTING MEDICAL DOCUMENTATION:** Has been provided to Human Resources via fax, email, mail, interoffice routing. Will be provided to Human Resources within 15 days.**IMPORTANT INFORMATION:**

1. At least 30 days prior to the date that the leave is to begin, employee completes the Medical / FMLA Leave Request form and submits it to their supervisor or department HR Partner. Unforeseen circumstances may waive the 30-day requirement.
2. Supporting medical documentation is required. The U.S. Department of Labor [Certification of Health Care Provider form](#) is preferred. All requests to care for a newborn child, newly-adopted child, or newly-placed foster child must include official verification. Medical certifications or verification letters should be sent directly to the Human Resources.
3. Maximum approval period is 12 months per application; this may be shorter depending on medical documentation provided to HR. Employee may apply for renewal.
4. Human Resources will send copies of the application form and the Human Resources Director's approval or disapproval to the employee and department HR Partner. Further instruction will be sent to the employee. The HR Partner will notify department administration, including the supervisor and timekeeper.
5. It is the responsibility of the employee to notify his/her supervisor of any absence from work.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date Employee Designee County Staff

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