

FMLA/MEDICAL LEAVE REQUEST FORM

Applicant Name: _____ **Employee ID:** _____
Department: _____ **Job Title:** _____
Work Location: _____ **Scheduled Weekly Hours:** _____
Requested Start Date: _____ **Estimated End Date:** _____

Type OF LEAVE:

Continuous Intermittent (Department approval required for childbirth/adoption/foster leave)

PAY STATUS:

You may elect to use accrued sick leave. Exhaustion of all other County leave accruals (except sick leave) is required before entering an unpaid status, unless you are on Washington PFML. Please select the following:

- I do not wish to use accrued sick leave. If I elect to change this, I will provide timely notice to my supervisor and timekeeper.
- I wish to use accrued leaves in the following order before going into leave without pay status (indicate priority by number). **If you do not prioritize, the County will use accrued leave in the below order:**
_____ Sick Leave; _____ Vacation; _____ Compensatory Time; _____ Accrued Furlough; _____ Personal Holiday

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 in loco-parentis (must provide written qualifier to HR)
 Parent: Mother Father Parent of Spouse: Mother Father

SUPPORTING MEDICAL DOCUMENTATION:

- Has been provided to Human Resources via fax, email, mail, or 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 per Department procedure.

Signature

Date

Employee Designee County Staff

Human Resources Department
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Tacoma, WA 98409
253-798-7480 | Fax 253-798-8558
HRLeaveAdmin@piercecountywa.gov