I request to use family and medical leave from	Employee Name	Employee ID
I request to use family and medical leave from		
Please check one. For incapacity related to pregnancy and childbirth. To care for my child after birth, or placement for adoption of foster care To care for my (circle one) spouse, son or daughter, or parent, who has a serious health condition For my own serious health condition which makes me unable to perform my job To care for my (circle one) spouse, son or daughter, parent, or next of kin who has received a serious illne or injury in the line of duty while on active duty. To attend to a qualifying exigency arising from the fact my (circle one) spouse, son or daughter, or parent has been called to active duty status in support of a contingency operation. **The FMLA requires 30-days advance notice to the Employer prior to the effective date of the leave peri My request fails to comply with the required advance notice requirement for this reason: I understand that FMLA is, by default, leave without pay. I request to use available paid leave during the period absence as follows: Hours of Sick Leave	work Location	
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Record Retention: Upon, completion, this form shall be retained permanently in the official and local medical file of the employee.