



## REQUEST FOR FAMILY OR MEDICAL LEAVE OF ABSENCE

EMPLOYEE NAME (please print) \_\_\_\_\_

EMPLOYEE ID \_\_\_\_\_

PERSONAL EMAIL / WORK EMAIL \_\_\_\_\_

TELEPHONE \_\_\_\_\_

### REASON FOR TAKING LEAVE:

- ☐ A serious health condition that makes me unable to perform the essential job functions of my job
- ☐ The birth of my child or the placement of a child with me/us for adoption or foster care
- ☐ A serious health condition affecting my ☐ spouse, ☐ child, or ☐ parent
- ☐ Qualifying exigency arising out of the fact that my ☐ spouse, ☐ child, or ☐ parent is on active duty or call to active status in support of a contingency operation as a member of the National Guard or Reserves
- ☐ Because I am the ☐ spouse, ☐ child, ☐ parent, or ☐ next of kin of a covered service member with a serious injury or illness

### EXPECTED DATES OF LEAVE:

Date leave is to start: \_\_\_\_\_ Date I expect to return to work: \_\_\_\_\_

Will leave be taken intermittently? ☐ YES ☐ NO

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** *Intermittent or reduced-schedule leave for birth or placement of a child is subject to the College's approval.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature Acknowledgment of Receipt

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director – Human Resources

\_\_\_\_\_  
Date

**NOTE:** *Return signed form Human Resources by email to [hr@shoreline.edu](mailto:hr@shoreline.edu). Thank you!*

<b>For HR Use Only</b>	<input type="checkbox"/> At Least 12 months Employment at the State
	<input type="checkbox"/> At Least 1250 Hrs Worked in Last 12 months (minus time off)
<input type="checkbox"/> Employee <b>IS</b> FML Eligible	
<input type="checkbox"/> Employee <b>IS NOT</b> FML Eligible	