



**Request for  
LEAVE OF ABSENCE**

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

Date: \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby request leave from \_\_\_\_\_ (date/time) to  
\_\_\_\_\_ (date/time)

**A. WHAT TYPE OF LEAVE ARE YOU REQUESTING? (Complete all that apply)**

Emergency FMLA - COVID 19 Related\*

\_\_\_ Self

\_\_\_ Dependent

\_\_\_ Dependent School Care

**\*If COVID 19 Related, fill out above section and skip to page 2 for signature**

FMLA Sick Leave: (Complete Section B below)

Non-FMLA Sick (State Reason:) \_\_\_\_\_

Personal (State Reason:) \_\_\_\_\_

Leave w/o Pay (State Reason:) \_\_\_\_\_

**B. WHAT IS THE REASON FOR THE FMLA LEAVE YOU ARE REQUESTING? -  
(Check only one)**

This Family/Medical Leave of Absence is for the following **qualifying reason:**

- \_\_\_ For the birth of a son or daughter, and to care for the newborn child
- \_\_\_ For placement of a son or daughter (with the employee) for adoption or foster care
- \_\_\_ Due to a serious health condition that makes me unable to perform the functions of my job
- \_\_\_ Due to a serious health condition affecting my  spouse,  child,  parent, for which I am needed to provide care.

Anticipated date FMLA leave is to begin: \_\_\_\_\_ end: \_\_\_\_\_



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If the purpose of FMLA is to care for sick family member or because of the employee's serious health condition, the leave may be taken intermittently or on a reduced schedule provided such arrangements are medically necessary. Human Resource approval for intermittent leave is required if the leave is taken because of a birth or placement of a child. The employee must make a reasonable effort to schedule intermittent leave so as not to disrupt operations and may be temporarily transferred to another position with equivalent pay and benefits.

Is this a request for an intermittent FMLA or a reduced schedule?  Yes  No

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Employee name (please print)**

\_\_\_\_\_  
**Date**

**To be completed by the Human Resources Department.**

Non FMLA Leave of Absence Approved

Non FMLA Leave of Absence Denied

Reason for denial (circle one): (1) Did not meet requirements for advance notice. (2) Workload too great. (3) Other staff members have already requested time off. (4) Other:

\_\_\_\_\_.

\_\_\_\_\_  
FMLA Leave of Absence Denied

Reason:  Does not meet eligibility requirements

Employee has not been employed by City of Fairhope for 12 months

Employee has not worked 1250 actual work hours in past 12 months

Not a qualifying reason for FMLA

Allotment of FMLA (12 weeks) has been exhausted

\_\_\_\_\_  
FMLA Leave of absence conditionally approved pending receipt of medical certification.

Medical certification due by \_\_\_\_\_

\_\_\_\_\_  
**Human Resources Manager**

\_\_\_\_\_  
**Date**

Medical certification received on \_\_\_\_\_

Leave of absence approved



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\_\_\_ Leave of absence denied: \_\_\_ Not a **qualifying reason** for FMLA  
\_\_\_ Medical certification not provided

\_\_\_\_\_  
**Human Resources Manager**

\_\_\_\_\_  
**Date**