



### Family Medical Leave Request Form

Please note: Request for Family Medical Leave must be submitted, if foreseeable, at least 30 days prior to the date that the requested leave is to begin.

Name:	Employee ID Number:
Department:	Hire Date:
Supervisor Name:	Today's Date:

I am requesting family medical leave for the following reason (check at least one):

- The birth or care of my newborn child.
- Because of the placement of a child with me for adoption or foster care.
- For my own serious health condition that makes me unable to perform my job.
- In order to care for my \_\_\_ Spouse \_\_\_ Parent \_\_\_ Child who has a serious health condition.
- Because of a qualifying exigency arising out of the fact that my \_\_\_ Spouse \_\_\_ Parent \_\_\_ Child is on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserve.
- In order to care for my \_\_\_ Spouse \_\_\_ Parent \_\_\_ Child who has an injury/illness received while on active duty that may render the service member medically unfit to perform the member's duties.

The type of leave I will be requesting:

- Block Leave: Leave to Begin on \_\_\_\_\_ and Expected Return Date \_\_\_\_\_ (estimated dates)
- Intermittent Leave (estimated at this time) for \_\_\_\_\_ hours per \_\_\_\_\_ (day/week/month).

Comments:
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Have you utilized family and medical leave in the past 12 months? \_\_\_Yes \_\_\_No

Please submit this leave request form to [FMLA@Colorado.edu](mailto:FMLA@Colorado.edu) and copy your supervisor. Human Resources will contact you within 5 days. If applicable, you will be required to provide medical certification in accordance with the Family Medical Leave Act.

Employee Signature:	Date:
Personal E-mail:	Phone (Home):