

Archdiocese of Louisville
Employee Request for Leave
Under the Family and Medical Leave Act (FMLA)

The following form must be completed by you and returned to the parish/school/agency business manager/bookkeeper, to serve as your request for job protected time off under the Family and Medical Leave Act (FMLA).

In general, to be eligible for FMLA, an employee must have worked for at least 12 months, and have worked at least 1,250 hours in the 12 months preceding the leave request.

Your FMLA leave entitles you to unpaid, job-protected leave for up to twelve work weeks. In addition, all of your benefits will be maintained. (Your portion of such benefits will remain your responsibility). If applicable, you may choose to use any or all of your accrued paid leave to cover some or all of the FMLA leave taken.

If your request for FMLA leave is due to a serious illness of your own, then you are required to supply a doctor's note releasing you to work under the same capacity and with the same job responsibilities prior to leave on your expected return date, in order to continue your employment.

If you have any questions or concerns, feel free to contact your local business manager/bookkeeper.

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Date: _____

Parish or Agency Name: _____

Parish or Agency Address: _____

Attention: _____

This serves as my request for leave under the Family and Medical Leave Act. I am requesting leave for the following reason:

- _____ The birth of a child, or placement of a child with me for adoption or foster care.
- _____ A serious health condition of my own.
- _____ A serious health condition of my spouse/child/parent that requires my care.
- _____ A qualifying situation that arose out of the fact that my spouse/son or daughter/parent is on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- _____ I am the spouse/son or daughter/parent/next of kin of a covered service member with a serious injury or illness.

I understand that additional information may be requested of me by my employer to support my reason for leave.

I would like for my FMLA leave to begin on _____, and I am requesting

_____ days of leave or _____ weeks of leave or _____ other

Sincerely,

Employee Name

Employee Signature

Date

(Should you need or want to provide additional information, please attach to this request form.)