



COUNTY OF ALAMEDA

FAMILY AND MEDICAL LEAVES EMPLOYEE REQUEST FOR LEAVE

Employee's Name: _____	Employee's ID #: _____
Classification: _____	Department: _____
Contact Telephone Number(s): _____	Immediate Supervisor: _____
Personal Email: _____	Supervisor's Email: _____
(Optional)	

This is my request for leave as provided under the Family and Medical Leave Act (FMLA)/California Family Rights Act (CFRA) and/or Pregnancy Disability Leave (PDL).

My requested **continuous** **intermittent** leave is from _____ through _____ for the reason(s) indicated below:
(DATE) (DATE)

- 1. My own serious health condition (including industrial and/or non-industrial injury/illness/medical condition).
- 2. To care for my ____ spouse; ____ domestic partner; ____ child; ____ adult dependent child; ____ adult child, ____ parent ____ grandparent, ____ grandchild, ____, sibling due to his/her serious health condition.
- 3. My own disability due to pregnancy, childbirth, or related medical condition, or for prenatal care.
(Note: Disability due to pregnancy/childbirth/related medical condition is covered under FMLA/PDL only)
- 4. To bond with my newborn, adopted child or foster child (child bonding).
Date of birth/placement with my family: _____
- 5. Because of a qualifying exigency arising out of the fact that my ____ spouse; ____ domestic partner, ____ son or daughter; ____ parent who is a military member is on covered active duty or call to covered active duty status with the Armed Forces.
- 6. To care for my ____ spouse; ____ son or daughter; ____ parent; ____ next of kin who is a current servicemember/covered veteran with a serious injury or illness.

EMPLOYEE ACKNOWLEDGMENT

I certify that the information I have provided above is true and correct.

Employee's Signature: _____ Date: _____

TO BE COMPLETED BY SUPERVISOR & HUMAN RESOURCES

Upon receipt of this form, immediately complete and forward to your Human Resources Office/FML Coordinator/Disability Programs Division for processing.

Date Received: _____ Supervisor's Signature: _____

Date Received: _____ Department Head/HR Representative: _____