



Employee Leave Request Form

Family and Medical Leave Act (FMLA)

Directions for applying for leave under FMLA:

- Employee completes this request form and gives it to their supervisor to sign.
- The completed form is forward to Human Resources.**
- For questions and submission of forms, contact Human Resources at (701) 780-8415 or (701) 780-8414 or human.resources@gfcounty.org

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) for up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons, and up to 26 weeks of unpaid, job protected leave in a 12-month period to care for a covered family member who was seriously ill or injured during their active military service. For more information, please see the reverse of this form.

Submit this request form to your supervisor at least 30 days before the leave is to begin, when possible. If the leave is unforeseeable, please provide notice as soon as possible and practicable under the circumstances. The County of Grand Forks reserves the right to delay or deny leave for failure to give appropriate notice when such delay/denial would be permissible under federal or state law. Refer to the Family Medical Leave Policy for complete details.

Part I: Employee Data

Employee's Name (last, first, middle initial)	Position	Department		Date of Hire
Street Address	City	State	Zip Code	Home Phone Number

Part II: Reason for Request: (check one)

<input type="checkbox"/> Birth of Child (Requires Form WH380E or WH380F)	Expected Due Date:	
<input type="checkbox"/> Placement for Adoption/Foster Care (Requires FMLA Leave Request – Adoption Placement Form)	Date to Begin Care of Child:	
<input type="checkbox"/> Serious Health Condition of Employee (Requires Form WH380E)		
<input type="checkbox"/> Care of seriously ill family member (Requires Form WH380F)	Name:	Relationship:
<input type="checkbox"/> Military Family (Exigency) Leave	Name:	Relationship:
<input type="checkbox"/> Military Care Giver Leave	Name:	Relationship:

Part III: Leave Request (Requested dates are required, leaving dates blank can delay the processing of your leave.)

<input type="checkbox"/> Continuous Leave Request Requested Start Date: _____ Expected Return Date: _____	<input type="checkbox"/> Intermittent Leave Request Requested Start Date: _____ Expected Return Date: _____	<input type="checkbox"/> Reduced Work Schedule Requested Start Date: _____ Expected End Date: _____
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Part IV: Employee Signature

I certify that the statements made above are true and accurate. I understand that I have an obligation to respond to any questions from the Grand Forks County designed to determine whether my absence is potentially Family and Medical Leave Act qualifying.

Signature

Date

Part V: Supervisor Information/Acknowledgement (when applicable)

_____ Signature	_____ Printed Name	_____ Date
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Part VI: Routing of Information

Return this Leave Request Form and any supporting documentation by **mail, confidential fax, email or deliver to:** Human Resources, 151 South 4th Street – PO Box 5726, Grand Forks, ND 58206; (701) 335-7521; human.resources@gfcounty.org

Signature – Human Resources:

Date Received:

Family and Medical Leave Act (FMLA) Information

(Please review the Family and Medical Leave Policy for full details regarding FMLA leave)

Purpose: The Family and Medical Leave Act (FMLA) entitles eligible employees to take unpaid, job-protected leave for specified family and medical reasons.

Notice: Employees should generally request leave 30 days in advance. If the leave is unforeseeable, employees must provide notice as soon as possible and practicable under the circumstances.

Eligibility: An employee is eligible if they have been employed with the County of Grand Forks for at least 12 months and has at least 1,250 hours of service for the employer during the 12-month period. The 12 months need not be consecutive in order for the employee to qualify for FMLA leave; separate periods of employment will be counted, provided that the break in service does not exceed seven years.

Leave Entitlement (as defined by the U.S. Department of Labor): Eligible employees may take up to 12 workweeks of leave in a rolling 12-month period for one or more of the following reasons:

- for the birth of a son or daughter, and to care for the newborn child;
- for the placement with the employee of a child for adoption or foster care, and to care for the newly placed child;
- to care for an immediate family member (spouse, child, or parent — but not a parent "in-law") with a serious health condition; and
- when the employee is unable to work because of their own serious health condition.
- qualifying exigencies arising out of the fact that employee's son, daughter, or parent is on active duty or called to active duty status as a member of the National Guard or Reserves in support of a contingency operation.

Leave to care for a new born or a newly placed child must conclude within 12 months after the birth or placement.

An eligible employee may also take up to 26 workweeks of leave during a "single 12-month period" to care for a covered servicemember with a serious injury or illness, when the employee is the spouse, son, daughter, parent, or next of kin of the servicemember.

Under some circumstances, employees may take FMLA leave on an intermittent or reduced schedule basis. When leave is needed for planned medical treatment, the employee is requested to make a *reasonable* effort to schedule treatment so as not to unduly disrupt the employer's operations. If FMLA leave is for the birth, adoption, or foster placement of a child, use of intermittent or reduced schedule leave requires the employer's approval.

Under certain conditions, employees may choose, or employers may require employees, to "substitute" (run concurrently) accrued paid leave, such as sick or vacation leave, to cover some or all of the FMLA leave period. An employee's ability to substitute accrued paid leave is determined by the terms and conditions of the employer's normal leave policy.

Definitions:

Immediate Family Member: spouse, child or parent. Excludes parent "in-law"

Spouse: husband or wife in a legal marriage, including same-sex marriage, regardless where they live

Child: biological, adopted, or foster child, a stepchild, a legal ward, or a child to whom the employee stands in loco parentis

Parent: biological, adoptive, step or foster father or mother, or any individual who stood *in loco parentis*

In Loco Parentis: refers to the type of relationship in which a person has put themselves in the situation of a parent by assuming and discharging the obligations of a parent to a child. It exists when an individual intends to take on the role of a parent.

Next of Kin: nearest blood relative. (applies only for wounded servicemember leave only)

Serious Health Condition: means an illness, injury, impairment, or physical or mental condition that involves:

- any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility; or
- a period of incapacity requiring absence of more than **three calendar days** from work, school, or other regular daily activities that also involves continuing treatment by (or under the supervision of) a health care provider; or
- any period of incapacity due to pregnancy, or for prenatal care; or
- any period of incapacity (or treatment therefore) due to a chronic serious health condition (e.g., asthma, diabetes, epilepsy, etc.); or
- a period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective (e.g., Alzheimer's, stroke, terminal diseases, etc.); or,
- any absences to receive multiple treatments (including any period of recovery therefrom) by, or on referral by, a health care provider for a condition that likely would result in incapacity of more than three consecutive days if left untreated (e.g., chemotherapy, physical therapy, dialysis, etc.)

Continuous Leave: a single block of time

Intermittent Leave: leave taken in separate blocks of time due to a single qualifying reason

Reduced Work Schedule: a set schedule reducing hours or days per week due to a single qualifying reason

Any changes to the Federal Family and Medical Leave Act automatically supersedes this form and the County of Grand Forks FMLA Policy.