



**PLEASE PRINT:**

Employee's Name: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_

Are these dates approximate?  Yes  No If 'Yes,' what is the anticipated duration of your leave? \_\_\_\_\_

Are you requesting an intermittent leave?  Yes  No If 'Yes,' for what purpose? \_\_\_\_\_

**INSTRUCTIONS TO EMPLOYEE:** Read the FMLA Section of the Personnel Policy, which can be found on the County's website. Indicate which of the FMLA-eligible situations applies to you, obtain any additional necessary forms, and fully complete all needed forms. Submit this form, along with any required documentation, to the Administration Office.

**CHECK THE SITUATION THAT APPLIES TO YOU:**

SITUATION 1: I must care for my spouse, child, or parent with a serious health condition that requires continuing treatment by a health care provider. *(Please complete and submit a Certification of Health Care Provider for Family Member's Serious Health Condition [Form WH-380-F])*

SITUATION 2: I have a serious health condition that requires continuing treatment by a health care provider. *(Please complete and submit a Certification of Health Care Provider for Employee's Serious Health Condition [Form WH-380-E])*

SITUATION 3: I must be absent from work due to birth of a child, adoption, or placement of a foster child in my custody, and to care for said child. I understand that FMLA leave time for adoption or foster care placement begins with leave for visits with the adoption agency, travel time to pick up the child, training sessions for adoptive parents, and related time off (including travel time); my leave due to Situation 3 must be concluded within 12 months of the birth or placement. *(Please complete and submit a Certification of Health Care Provider for Employee's Serious Health Condition [Form WH-380-E] for birth of child or relevant documents for adoption or foster care situations.)*

MILITARY FAMILY LEAVE SITUATION *(Please contact administration for necessary forms.)*

**USE OF ACCRUED BENEFITS:** Accumulated sick and vacation time will be used, as needed and as allowed by applicable policies, to keep you in paid status as long as possible during your FMLA leave of absence.

Indicate the order in which you would like to use your available paid leave (sick, vacation, comp.):

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

Check here if you would like to keep up to 40 hours of your vacation time, as allowed by policy, and indicate the number of hours you would like to keep: \_\_\_\_\_

Will you be in unpaid status during any part of this leave?  Yes  No If 'Yes,' for how long? \_\_\_\_\_

If you enter unpaid status during your leave, be aware that you continue to be responsible for your portion of benefit premiums. Unless you tell us otherwise, we will deduct any premiums you owe from your first check upon return to work. If your check is not large enough to cover the premiums you owe, the remainder will be deducted from your subsequent check(s).

**EMPLOYEE ACKNOWLEDGEMENT:** I have read the Renville County FMLA Policy and certify that my leave request is for the purpose stated above. I understand that I must comply with the County's FMLA policies and procedures and provide additional documentation if required, and that falsification of information on this form may be grounds for disciplinary action. I also understand that any insurance premiums I owe will be deducted from my check(s) upon my return to work, unless I contact the Administration Office and make other arrangements.

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

\_\_\_\_\_  
 Date Signed