

**CITY OF IDAHO FALLS  
FMLA LEAVE REQUEST FORM**

*To be completed by employee and/or supervisor, and submitted to the Division of Human Resources. A written response will be issued to the requesting employee.*

Employee \_\_\_\_\_ Position Title \_\_\_\_\_

Department \_\_\_\_\_ Date of Hire \_\_\_\_\_

Supervisor \_\_\_\_\_ Date notified by employee \_\_\_\_\_

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**REASON FOR LEAVE**

- \_\_\_\_\_ The birth of a child, or placement of a child with you for adoption or foster care
- \_\_\_\_\_ Serious health condition of employee
- \_\_\_\_\_ Serious health condition of employee's spouse, child or parent
- \_\_\_\_\_ Qualifying exigency due to spouse, child or parent being called to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- \_\_\_\_\_ Serious illness or injury of employee's spouse, child, parent or next of kin who is a covered service member.

Provide description/details as appropriate, (attach additional sheets if necessary): \_\_\_\_\_

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**TYPE OF LEAVE REQUESTED:** \_\_\_ Continuous \_\_\_ Intermittent \_\_\_ Reduced Hours

Explanation of length and type of leave requested: \_\_\_\_\_

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If FMLA is approved, your department will require that you use available paid leave benefits while on FMLA.

Date leave to start: \_\_\_\_\_ Date of anticipated return to work: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee or Representative*                      *Date*                      *Supervisor's Signature*                      *Date*

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\_\_\_\_\_  
*Department Director's Signature*                      *Date*                      *HR Contact Signature*                      *Date*