

Request for Leave under the Family and Medical Leave Act

Employee's Name

Employee's Title

Name of Agency

Employee's Salary

Work Location

I am requesting leave for (Check one):

1. Child care due to (Check one):
- a. Birth of child
 - b. Placement of child for adoption
 - c. Placement of child for foster care

Note: Child care leave taken under the Family and Medical Leave Act must be concluded 12 months after the birth or placement of the child. Taking child care leave under the Family and Medical Leave Act does not diminish an employee's right to child care leave under the Citywide Agreement between the City of New York and District Council 37, the "Leave Regulations for Employees who are under the Career and Salary Plan," and the Leave Regulations for Management Employees."

2. Care of seriously ill (check one):
- a. spouse
 - b. parent
 - c. child

Check here if intermittent leave or a reduced leave schedule is being requested.

3. Employee's own serious health condition that makes the employee unable to perform the employee's job functions.

Check here if intermittent leave or a reduced leave schedule is being requested.

Note: All requests for leave under the Family and Medical Leave Act require appropriate documentation (see the applicable certification forms)

Date of commencement of leave _____

Probable date of return to work _____

Note: Employees who have worked for the City of New York for at least one year, and who have worked 1250 hours in the last 12 months, are entitled to a total of 12 weeks of Family and Medical Leave per year.

Employee's Signature

Date