



REQUEST FOR Family Medical Leave (FMLA)

To be eligible for FMLA leave, the employee must have been employed for at least 12 months; and have worked at least 1,250 hours during the 12 prior to the commencement of FMLA leave. Employees are expected to give as much notice as possible when requesting FMLA and to make all reasonable efforts to minimize the disruption caused by their absence. The employee is required to substitute any available accrued paid leave for any part of the applicable leave provided under the Family Medical Leave Act.

PERSONAL INFORMATION

Employee Name: _____ Supervisor: _____
Home Telephone: _____ Store/Department: _____
Home Address: _____
(Street) (City) (State) (Zip Code)

I am requesting FMLA as (check one):

- Continuous leave under the care of licensed practitioner during a prolonged period of incapacity or convalescence due to catastrophic illness, or
- Intermittent leave or reduced work schedule for a chronic, severe medical condition requiring recurrent treatment by a licensed practitioner.

Purpose of Leave (check one):

- Childbirth/Adoption/Foster Child
- Care for a Serious Ill Family Member
- Care for a Covered Service Member
- Employee's Personal Illness
- Relationship to Employee: _____
- Qualifying Exigency for Military Family Leave

FMLA Beginning Date: _____ FMLA Ending Date: _____

I certify that the information above is accurate. I understand that I may have to provide necessary medical documentation for any period of FMLA requested and that I will to notify my supervisor or Human Resources immediately if any information above should change

Employee's Signature: _____ Date: _____

As the supervisor of the employee listed above, I am aware that the employee has applied for a Family Medical Leave Act leave. I will notify the Office of Human Resources immediately if I become aware of any changes to the information above.

Supervisor's Signature: _____ Date: _____

Return Completed Form to: Human Resources
48661 National Road, St. Clairsville, Ohio 43950
Phone (304) 695-7050 Fax (740) 695-7043