REQUEST FOR FAMILY MEDICAL LEAVE (FMLA)

SECTION I: EMPLOYEE INFORMATION			
Employee Name: Last	First	MI	Employee ID Number
Job Title		Supervisor	
Department		Division	
Home Phone Number ( )	Work Phone Number ( )	Email:	

SECTION II: REASON FOR LEAVE (Check All Those That Apply)

☐ For the birth of your child or to care for your newborn child; (Medical Certification required)
☐ For the placement of a child with you for adoption or state-approved foster care; (Certification required)
☐ For your own serious health condition; (Medical Certification required)
☐ For the care of your ☐spouse; ☐child; ☐domestic partner; or ☐ parent due to his/her serious health condition. (Medical Certification required)

FOR MILITARY FAMILY LEAVE ONLY:

☐ **Qualifying Exigency Leave**: For a Qualifying Exigency arising out of the fact that your ☐spouse; ☐son or daughter; ☐parent is on active duty or call to active duty status as a member of the National Guard or Reserves. (Certification required)

☐ **Military Caregiver Leave (also known as Covered Servicemenber Leave)**: For the care of your ☐ spouse; ☐son or daughter; ☐ parent; ☐ next of kin who is a Covered Servicemember with a serious injury or illness incurred in the line of duty.

Note: When Family and Medical Leave is needed to care for a family member or Military Caregiver (also known as coveredservice member), you must state the care you will provide and an estimate of the time period during which this care will be provided, including a schedule of intermittent leave or leave on a reduced work schedule, if requested.

Briefly Explain Reason For Leave. If leave is to care for someone, please indicate name and relationship of the person.

Anticipated Start Date of Leave | Anticipated End Date of Leave

SECTION III: ELIGIBILITY

In general, an active employee is eligible for leave under the Family and Medical Leave Act provided that:

1. you have been employed by Miami-Dade County for at least 12 months (need not be consecutive months); and
2. you have worked for the County 1,250 hours or more in the 12-month period immediately preceding the commencement date of leave.
3. you must not have taken twelve (12) weeks of leave under the Family and Medical Leave Act (FMLA) within the same calendar year as the commencement date of the requested leave.

SECTION IV: SERIOUS HEALTH CONDITION

A serious health condition is an illness, injury, impairment, or, physical or mental condition that involves either inpatient care or continuing treatment by a health care provider.

SECTION V: MEDICAL CERTIFICATION

An employee who takes leave for due to a serious health condition or to care for a family member with a serious health condition must submit written medical certification of the need for such leave from the applicable health care provider. Failure to provide the certification in a timely manner may result in a delay of approval of leave. In addition, while the employee is on leave, you may be required to provide periodic recertification of your medical condition.

If you expect to take family and medical leave, you must complete this form at least 30 days in advance of the expected leave and provide any required Medical Certification or supporting document.

Employee Signature | Date