

Pima County Employee Request for Family and Medical Leave (FMLA)



Employee Name:		EIN:	Date of Request:	
Current Mailing Address:		City:	State: Zip:	
Work Phone:	<input type="checkbox"/> I authorize Human Resources-FMLA to send non-confidential FMLA forms by email to:			
Home Phone:				<input type="checkbox"/> Work E-mail:
Cell Phone:				<input type="checkbox"/> Home E-mail:
Department Name:		Work Days and Hours:		
Supervisor Full Name:		Supervisor Phone:	Hi-Org.:	
Reason for Leave: <ul style="list-style-type: none"> <input type="checkbox"/> Birth of my child and/or to care for the newborn child. Estimated delivery date: _____. <input type="checkbox"/> Placement of a child with me for adoption or foster care. Estimated placement date: _____. <input type="checkbox"/> To care for a family member with a serious health condition <ul style="list-style-type: none"> <input type="checkbox"/> Child (Name: _____ DOB: _____) <input type="checkbox"/> Spouse (Name: _____) (Is spouse a Pima County employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Department: _____) <input type="checkbox"/> Parent (s) (Name(s): _____) <input type="checkbox"/> My own serious health condition <input type="checkbox"/> Admitted to Hospital (Hospital Name: _____) <input type="checkbox"/> Qualifying Exigency <input type="checkbox"/> To care for a Covered Service Member (Name: _____) 				
Anticipated Dates of Leave: I am requesting FMLA leave as follows: <ul style="list-style-type: none"> <input type="checkbox"/> Continuous leave from: _____ to: _____ <input type="checkbox"/> Intermittent / reduced work schedule from: _____ to: _____ 				
Please note that actual leave dates will be based on information in medical certification, proof of birth, proof of adoption or placement of child for foster care or military orders.				
I understand and acknowledge that, by submitting this request for FMLA:				
<ul style="list-style-type: none"> • I am <u>not</u> approved for FMLA leave until I receive a Designation Notice of Approval from HR-FMLA. • Pima County requires me to use all available sick, compensatory, and vacation leave concurrently with FMLA leave until exhausted as per Administrative Procedures 23-37 and 23-38. • I may be required to furnish medical certification of a serious health condition and/or the need for me to provide care for a family member and that this certification must be submitted to HR-FMLA within <u>15 calendar days</u>. • HR-FMLA may obtain clarifying information from the health care provider regarding my request for FMLA. • I will be required to provide proof of birth, adoption, placement of a foster child, or military orders as applicable. 				
Employee Signature:		Date:		
You will receive a Notice of Eligibility and Rights & Responsibilities from HR-FMLA with information about your eligibility and rights under FMLA. If your leave is approved, you will receive a Designation Notice of Approval with details of the leave. Please address any questions concerning FMLA to HR-FMLA at (520) 740-8076, FMLA.coordinator@pima.gov or by secure Fax at (520) 791-6514.				
Human Resources-FMLA Use Only				
Date Request Received:		Medical Certification Received:		
Employee has worked <ul style="list-style-type: none"> <input type="checkbox"/> at least 12 months for Pima County. _____ <input type="checkbox"/> at least 1,250 hours in the 12-month period immediately preceding the start of the leave. _____ 				
Employee is <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible for FMLA		Condition <input type="checkbox"/> Qualifies <input type="checkbox"/> Does Not Qualify for FMLA		
FMLA is <input type="checkbox"/> Approved <input type="checkbox"/> Denied		HR-FMLA Signature:		
Effective Date of FMLA:				