

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



Pima County policy allows for a maximum of 12 weeks of FMLA Leave per 12-month period.

Employee Name:		EIN:	Date of Request:
Current Mailing Address:		City	State Zip
Work E-mail:	Work Phone:	Home E-mail:	Home Phone:
<input type="checkbox"/> I authorize Human Resources - FMLA to send non-confidential FMLA forms to me by email to my WORK / HOME (please select 1). I will send an email confirming my email address to HR-FMLA at FMLA.Coordinator@pima.gov.			
Department Name:		Hi-Org.:	Work Days and Hours:
Supervisor Full Name:			Supervisor Phone:
Reason for Leave: <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 (Name: _____) <input type="checkbox"/> Child (DOB: _____) <input type="checkbox"/> Spouse (Is spouse a Pima County employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Department: _____) <input type="checkbox"/> Parent <input type="checkbox"/> My own serious health condition <input type="checkbox"/> Qualifying Exigency <input type="checkbox"/> To care for a Service Member (Name: _____)			
Briefly explain reason for leave request (If leave is to care for a family member, please specify your relationship to the family member):			
Anticipated Dates of Leave: I am requesting FMLA leave as follows: <input type="checkbox"/> Continuous leave from: _____ to: _____ <input type="checkbox"/> Intermittent / reduced work schedule from: _____ to: _____			
Please note that actual leave dates for continuous and/or intermittent leave will be based on information in Medical Certification, proof of birth, proof of adoption, placement of child for foster care or military orders.			
I acknowledge that Pima County requires an employee to use sick, compensatory, and vacation leave concurrently with FMLA leave as per Administrative Procedures 23-37 and 23-38. I understand that I will 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 Human Resources-FMLA within 15 days. I further understand that Human Resources-FMLA may obtain clarifying information from the health care provider regarding my request for family and medical leave and that I will be required to provide proof of birth, adoption, placement of a foster child, or military orders.			
Employee Signature:			Date:
You will receive a Notice of Eligibility and Rights & Responsibilities from HR-FMLA detailing your eligibility and rights under FMLA. If your leave is approved, you will receive a Designation Notice with details of the leave. Please address any questions concerning FMLA by contacting HR-FMLA at (520) 740-8076 or using our secure Fax at (520) 791-6514.			
Human Resources-FMLA Use Only			
Date Request Received:		Medical Certification Received:	
Employee has worked <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:			