



PIMA COUNTY FAMILY AND MEDICAL LEAVE EMPLOYEE REQUEST

Pima County policy allows for a maximum of 12 weeks of FMLA Leave per 12-month period, calculated on a 12-month period rolling forward basis.

Employee Name:		EIN:		Date of Request:	
Current Mailing Address:					
Work Phone:		Work E-mail:		Home Phone:	
Home E-mail:					
Department Name:				Hi-Org.:	
Supervisor Name:				Supervisor Phone:	
Reason for Leave:					
<input type="checkbox"/> Birth of my child and/or to care for the new born child <input type="checkbox"/> Placement of a child with me for adoption or foster care <input type="checkbox"/> To care for a family member with a serious health condition (medical certification required) <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"/> Service Member Caregiver					
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:					
From: _____ (Date) Through: _____ (Date)					
I am requesting leave on an intermittent or reduced leave schedule. <input type="checkbox"/> Yes <input type="checkbox"/> No					
I anticipate that I will need the leave on the following schedule or basis:					
I acknowledge that Pima County requires an employee to use all compensatory, sick, and vacation leave concurrently with FMLA leave. 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 FMLA Administration within 15 days. I further understand that FMLA Administration 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:	
If your leave is approved, you will receive a Designation Notice form along with a Notice of Eligibility and Rights & Responsibilities form from FMLA Administration detailing your rights under FMLA. Please feel welcome to address any questions concerning FMLA. You may contact FMLA Administration at (520) 740-8151 or using RightFax at (520) 791-6514.					
FMLA Administration 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			FMLA Administration Signature:		
Effective Date of FMLA:					