



CITY OF CAMDEN F.M.L.A LEAVE REQUEST

TO: Robert Corrales, Business Administrator

FROM:

Employee Name

Address

City, State, Zip

Home Phone:

Cell Phone:

E-Mail Address:

**(Failure to prove above information shall result in the
delay/denial of your leave of absence)**

I respectfully request a leave of absence with without pay for under the provision of the Family and Medical Leave Act. I am requesting the leave for the following reason(s):

The Birth of a child, placement of a child for adoption or foster care.

A serious health condition affecting my:

Spouse

Child

Parent

Next of Kin (Only for Military FMLA)

A Personal Health Condition

(Request for yourself, family member or next of kin must be accompanied by a Certification of Health Care Provider)

***Continuous**

Start Date: _____

Expected End Date: _____

***Intermittent** (Leave taken in separate block of time)

Start Date: _____

Expected End Date: _____

Reduced (Leave taken that reduces the usual number of working hours per week or hours per day)

Usual Bi-weekly hours: _____

Reduced Bi-weekly hours: _____

Start Date: _____

Expected End Date: _____

TO BE COMPLETED BY THE EMPLOYEE WHEN REQUESTING LEAVE TO CARE FOR A FAMILY MEMBER:

Provide information regarding the care that you will provide and the time period in which the care will be provided.

Signature

Date

Approved

Disapproved

Business Administrator

Date

C: Personnel File

***USE OF VACATION/HOLIDAY TIME FOR LEAVE OF ABSENCE IS SUBJECT TO DEPARTMENTAL POLICIES AND PROCEDURES.**