



## REQUEST FOR LEAVE OF ABSENCE

NAME

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Position/Department

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Location

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Phone Number

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I am requesting a leave for the following reason:

- ☐ Following the birth of my child, or the placement of a child with me for adoption or foster care; or
- ☐ Serious health condition that makes me unable to perform the essential function of my job; or
- ☐ Serious health condition affecting my \_\_\_ spouse, \_\_\_ child, \_\_\_ parent for which I am needed to provide care; or

Type of Leave: ☐ Continuous ☐ Intermittent

I need leave beginning on \_\_\_\_\_ (date)

I expect leave to continue until on or about \_\_\_\_\_ (date)

Total number of days requested: \_\_\_\_\_

If intermittent leave is requested, what is your expected schedule? \_\_\_\_\_

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### EMPLOYEE STATEMENT:

I certify that the statements made above are true and accurate. I understand that I have an obligation to respond to any questions from Fitness Connection designed to determine whether my absence is potentially FMLA-qualifying. Furthermore, I understand that if I fail to respond to any reasonable inquiry made by Fitness Connection regarding this leave request, Fitness Connection may deny my FMLA leave request if unable to determine whether the leave is FMLA-qualifying.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please return this form to Human Resources**

