FMLA Leave Request Form

In accordance with the FMLA, Harnett County seeks to provide a working environment that: (1) facilitates the development of children and the family unit, (2) prevents County employees from having to choose between job security and parenting, (3) allows adequate job security for employees who have serious health conditions that prevent them from working for temporary periods, and (4) balances the demands of the County with the needs of the families.

Only eligible employees are allowed to take FMLA leave. An eligible employee is one who: (1) works for the County, (2) has worked for the County for at least twelve months, (3) has at least 1,250 total hours of service to the County during the twelve month period immediately preceding the leave, and (4) works at a location where the County has at least fifty employees within a seventy-five mile radius.

Harnett County will hereby grant all eligible County employees a total of twelve (12) workweeks of job-protected family and medical leave within a single twelve-month period for one or more of the following qualified reasons: (1) birth & bonding leave, (2) adoption and bonding leave, (3) employee serious health condition leave, (4) relative serious health condition leave, (5) military exigency leave, and (6) military caregiver leave.

Along with the completion of this form, every form of FMLA leave mentioned above has its own federally mandated form that must be completed and submitted before FMLA leave will be granted to an employee. If an employee fails to complete the FMLA Leave Request Form and any other federally mandated form their leave will be denied.

Further instructions, restrictions, and limitations on FMLA leave are addressed in Article VI, Section 13 of the Harnett County Personnel Ordinance. Failure to follow all other instructions, restrictions, and/or limitations will result in an employee's request to be denied.

Please print legibly, provide all the information requested below, and sign the bottom.

THIS FORM MUST BE RETURNED TO HR 3 DAYS FROM DATE OF REQUEST

Date of Request: __ __/__ __/__ __ **Reason for Request:** _____

FMLA Leave Begin Date: __ __/__ __/__ __ **FMLA Leave End Date:** __ __/__ __/__ __

Type of FMLA Leave Requested: __ Birth & Bonding Leave __ Adoption & Bonding Leave
__ Employee/Relative Serious Health Condition Leave
__ Military Exigency Leave __ Military Caregiver Leave

Employee name: _____(_____)
Last First Middle (Maiden)

Social Security Number: __ __ __ -- __ __ -- __ __ __ __ **Date of Birth:** __ __/__ __/__ __

Street Address: _____
City State Zip

Phone: (__ __ __) __ __ __ - __ __ __ __ **Alternate Phone:** (__ __ __) __ __ __ - __ __ __ __

Department: _____ **Title:** _____
Years of Service: ____

***********All Federal Mandated Forms Must Be Attached***********

_____
Employee Signature **Date**

_____
Department Head Signature **Date**

_____
Human Resources Director Signature **Date**