



DANIEL HARRIGAN, MAYOR

## THE CITY OF AKRON REQUEST FOR FAMILY AND MEDICAL LEAVE

*Refer to the City of Akron's Family and Medical Leave Policy or contact the Department of Human Resources – Employee Benefits at 330-375-2740 for more information.*

**Form to be completed by employee.**

<b>Employee Name:</b> _____		<b>ID Number:</b> _____	
<b>Address:</b> _____			
Street/Box	City	Zip Code	
<b>Contact Phone Number:</b> _____		<b>Work Phone:</b> _____	
<b>Division:</b> _____		<b>Position:</b> _____	
<b>Hire Date:</b> _____	<b>Scheduled #Days/Week:</b> _____	<b>Scheduled #Hours/Week:</b> _____	

**I REQUEST FAMILY/MEDICAL LEAVE FOR THE FOLLOWING REASON:**

- The birth of a son or daughter and to care for the newborn child, expected delivery date \_\_\_\_\_.
- The placement of a child with me for adoption or foster care, date of adoption/placement \_\_\_\_\_.
- My own serious health condition that makes me unable to perform the essential functions of my job.
- Due to a serious health condition, I am needed to care for my:  spouse  parent  son or daughter  
 domestic partner
- Name of Family Member: \_\_\_\_\_ If son or daughter, list age when leave is to start: \_\_\_\_\_
- A qualifying exigency arising out of the fact that my spouse, son, daughter, or parent is a covered military member on active duty or has been notified of an impending call or order to covered active duty status.
- To care for a covered servicemember who is your spouse, son, daughter, parent, or next of kin with a serious injury or illness. Name of Family Member: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Other: \_\_\_\_\_

<b>I AM REQUESTING:</b>	<input type="checkbox"/> Continuous Leave	<b>Start Date:</b> _____
	<input type="checkbox"/> Intermittent* <input type="checkbox"/> Reduced Schedule Leave*	<b>End Date:</b> _____

**\*Explain the medical need for intermittent or reduced schedule leave, if applicable. For all intermittent or reduced schedule requests, you must describe the intermittent or reduced leave schedule:**

**CERTIFICATION:** I certify that the leave/absence(s) requested above is for the purpose indicated. I understand that falsification or submission of fraudulent information shall be grounds for discharge.

**Employee's Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Your signature indicates that you have received the "Request" for FMLA leave. You must send this form to the Employee Benefits Division IMMEDIATELY for further processing and approval.*