

Escambia County Board of County Commissioners

**APPLICATION for
FAMILY and MEDICAL LEAVE ACT
FMLA LEAVE**

Employee Name

Department/Division

Home Address (City/State/Zip Code)

Telephone Number

To be eligible for leave under the Family and Medical Leave Act of 1993, the employee must meet the following: (1) have been employed by Escambia County for at least 12 months and (2) have worked at least 1250 hours during the preceding 12 months.

This request is based on one of the following: (please check one)

- ☐ the birth of a child or placement of a child for adoption or foster care;
- ☐ to bond with a child (leave must be taken within 1 year of the child's birth or placement);
- ☐ to care for the employee's spouse, child, parent or grandparent who has a qualifying serious health condition;
- ☐ for the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- ☐ for qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child or parent.

Verification from a physician for one of the above reasons is attached. (Information attached is sufficient for those on a need-to-know basis to approve this request)

Start Date of Anticipated Leave

Expected Date of Return to Work

I understand that a failure to return to work at the end of my approved leave period may be treated as a resignation unless I submit a written request to Human Resources requesting an extension.

Employee Signature

Date

Supervisor Signature

Date

Division Manager/Department Director Signature

Date

HR USE:

Date Received: _____ Employee Notified: _____ Eligible: ☐ yes ☐ no

Reference should be made to the HR Policies and Procedures and/or the BCC FMLA policy for additional information