

East Georgia College
REQUEST FOR FAMILY & MEDICAL LEAVE

Name _____

Address _____

Anticipated Beginning Date: _____

Anticipated Return Date: _____

Reason for Leave:

_____ Birth of a child and to care for the newborn child;

_____ Adoption or foster placement of a son or daughter with the employee;

_____ To care for the employee's spouse, child, or parent, if that person has a serious health condition;

_____ Serious health condition of employee that prevents the employee from performing his/her job functions.

Employee's Signature

Date

Supervisor's Signature

Date

Human Resources

Date

PLEASE RETURN FORM TO HUMAN RESOURCES OFFICE

For Office Use Only

_____ Medical Certification Received

_____ Date(s) of FMLA Extension

_____ Medical Authorization to Return to Work

_____ Supporting documentation