

Kids Central Incorporated
PO Box 661
Norton, VA 24273



Family and Medical Leave Act (FMLA) Request Form

To be completed by the employee, and submitted to Human Resources

Employee:	
Home Address:	
Home Telephone:	
Date of Hire:	Employee ID#:

Reason for Leave

- _____ Adoption of a child
- _____ Placement of a foster child
- _____ Birth of a child
- _____ Serious health condition of employee* **
- _____ Serious health condition of employee's spouse, child or parent*
- _____ Serious health condition of employee's spouse, child, parent, or next of kin that is a covered military service member*
- _____ Qualifying exigency arising due to the military active duty status or call to active duty status of a spouse, child, or parent***

* Requires medical certification from a physician ** Requires a Return to Work Certification form from a physician

***Requires documentation such as military orders

Anticipated Dates of Leave: _____ to _____

Are you requesting intermittent leave? Yes No

Briefly Explain Reason for Leave (if leave is to care for someone, please indicate the name of and relationship to the person who needs care).

If FMLA is approved, would you like to use available sick and/or vacation time while on FMLA?

Vacation (____ hours) Sick (____ hours)

Employee Signature

Date

Received by (HR Representative)

Date