# Application for Leave Under the Family and Medical Leave Act

| 1. Name (Please print - first, last, mi) | 2. Social Security Number |
|---|---|
| | |

3. Position (Title, Series, Grade)

4. Purpose of Leave (Check appropriate category):

a. ☐ Birth of a son or daughter and care of such child. (5 CFR 630.1230a(l))

b. ☐ Placement of son or daughter with you for adoption or foster care. (5 CFR 630.1230a(2))

c. ☐ Care of your spouse, son, daughter, or parent who has a serious health condition. (5 CFR 630.1230a(3))

d. ☐ A personal serious health condition which prohibits you from performing the essential functions of your position. (5 CFR 630.1230a(4))

| 5. Anticipated starting date | 6. Anticipated Ending Date |
|---|---|
| | |

7. Please indicate below the total number of hours of each type of leave you anticipate needing for the current condition/event.

| a. Hours of sick leave | b. Hours of annual leave | c. Hours of leave without pay |
|---|---|---|
| | | |

8. If leave is for a medical condition, is medical certification included with application?

☐ Yes ☐ No

9. Additional information relevant to your application. (if applicable)

| APPROVED | | DISAPPROVED | |
|---|---|---|---|
| 10. Name | | 14. Name | |
| 11. Title | Date | 15. Title | Date |
| 12. Dates of FMLA | | 16. Justification for denial of FMLA | |
| a. Beginning Date: | b. Ending Date | a. ☐ No entitlement. | |
| | | b. ☐ Entitlement used for current 12 month period. | |
| 13. ☐ Provisionally approved pending medical certification. | | c. ☐ Unacceptable final medical certification. *(Based on third option)* | |