



**FMLA – All WTA Positions
(EXCEPT Transit Operator)**

FMLA Request Form

To:

Employee name: _____ **Date:** _____

(or a Supervisor on employee's behalf)

I may need Family Medical Leave. My regular work schedule is: _____.

I anticipate the leave may be from _____ to _____.

The reason for the leave request is:

- My own serious health condition.
- A family member's serious health condition. (i.e. Child (step), Spouse, Legal Guardian, Parent (step), Loco Parentis)
- Family member: _____
- The birth, adoption or placement for foster care of a child.
- A military family member's service-related illness or injury.
- The military deployment of a family member on active duty, in the reserves or the National Guard.

Please provide me with the appropriate forms. When they are ready:

- Place them in my employee mailbox.
- Call me and I will pick them up – phone #: _____
- Mail them to my home address.
- Email them to: _____

Signature

Printed Name

Date

Human Resources:

_____ Review employee's work hours and hire date to confirm they qualify for FMLA

_____ Create required FMLA forms within five working days, and provide to employee