

**Family or Medical
Leave Request**



Return to:
City of Venice
Administrative Services Department

This form should be treated as a medical record and must be maintained in files separate from employee personnel files, in locked cabinets with only designated persons have access. Employer should retain original and provide a photocopy of the form to the employee along with the Company Response to the FMLA Leave Request completed within a reasonable time period.

FMLA Request: To be Completed by Employee

Name _____ Title _____

Department _____ Date _____

I am requesting Family and Medical Leave due to:

- the birth of my child or the placement of my adopted or foster child in my home.
- a serious health condition for which I request care.
- a serious health condition affecting my spouse child parent, for which I am needed to provide care.

I will:

- need to be completely relieved of all duties.
- be able to work part time (intermittent or reduced workweek leave).

Leave to begin ____ / ____ / ____ until ____ / ____ / ____

Employee comments: _____

Under the Family and Medical Leave Act, if you have worked for us least 12 months and at least 1,250 hours in the past 12 months, you are eligible for up to 12 weeks unpaid leave under specific circumstances. You are entitled to receive health benefits as if you were still working. When returning to work, in most cases, you must ordinarily be reinstated to the same or an equivalent job with the same pay, benefits and terms and conditions of employment. If you do not return to work following FMLA (for a reason other than the continuation, recurrence or onset of a serious health condition which would entitle you to FMLA leave or other circumstances beyond your control), you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

I certify that the above information is correct to the best of my knowledge.

Employee Signature _____

Name of person who completed form is other than employee _____