

REQUEST FOR FAMILY OR MEDICAL LEAVE	CITY OF BOISE PO Box 500 Boise, ID 83701-0500
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Return form to Human Resources

Requests for Family or Medical Leave must be made, if practical, at least 30 days prior to date of leave.

Name: _____ Employee ID Number: _____

Dept: _____ Hire Date: _____

I request family and/or medical leave for one or more of the following reasons:

The birth of a child, or the placement of a child with you for adoption or foster care.

Expected date of birth, adoption or foster care: _____

Leave to Start: _____ Expected Return Date: _____

A serious health condition that makes you unable to perform the essential functions of your job. A physician’s certification will be required for leave due to a serious health condition.

Leave to Start: _____ Expected Return Date: _____

A serious health condition** affecting your spouse, child, or parent, for which you are needed to provide care. A physician’s certification will be required for leave due to a serious health condition of your family member.

Name of family member for whom you will provide care: _____

Leave to Start: _____ Expected Return Date: _____

Intermittent Leave (scheduled treatments). *May be subject to employers’ approval.*

Leave to Start: _____ Expected End Date: _____

You are the spouse, son or daughter, parent or next of kin of a military member or covered veteran, which includes both members of the National Guard and Reserves and the Regular Armed Forces, who are undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

Name of military member for whom you will provide care: _____

Leave to Start: _____ Expected Return Date: _____

A qualifying exigency* arising out of the fact that you are the spouse, child, or parent of a military member on covered active duty or called to covered active duty status with the Armed Forces and requires deployment to a foreign country.

Leave to Start: _____ Expected Return Date: _____

Qualifying exigency leave to provide care for a spouse's parent who is incapable of self-care. A physician's certification will be required for leave due to a serious health condition of that family member.

Name of family member for whom you will provide care: _____

Leave to Start: _____ Expected Return Date: _____

Have you taken family or medical leave in the past 12 months? Yes No

Is leave in conjunction with a Worker's Compensation Injury? Yes No

Signature

Date

This request for Family and/or Medical Leave will be followed up by a representative in Human Resources within five business days of receipt. A notice of eligibility will be sent to you; which includes the rights and responsibilities of the City and the employee. In general, to be eligible you must have been employed with the City for at least 12-months and have worked at least 1250 hours in the preceding 12-month period.

Review the FMLA posters in your work area and/or the Inside Page under Human Resources Forms & Documents for additional information. If you have any questions on FMLA or the completion of this form please contact Kristin Holtz @ 972-8100 or kholtz@cityofboise.org.

*A qualifying exigency can include, but is not limited to, attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. Additional time may be taken to spend time with the military member for Rest & Recuperation.

**A serious health condition can include, but is not limited to, an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that prevents you from performing the functions of your position and/or other daily activities.