



## FAMILY AND MEDICAL LEAVE ACT - LEAVE OF ABSENCE REQUEST

Employees who have worked for at least one year and for 1,250 hours over the previous 12 months prior to the request for leave, and work at a facility that employs 50 or more employees in a 75 mile radius, are eligible for leave.

Name: _____	Lawson #: _____
Unit #: _____	Hire Date: _____
Location: _____	Work Phone #: _____
Supervisor: _____	Home Phone #: _____

### **TYPE OF LEAVE REQUESTED:**

(Check one box) **I am requesting leave for the following reason \*\*:**

My own serious health condition \*\*

Extension of my leave for my own serious health condition \*\*

Dates of prior approved Leave: from \_\_\_\_\_ to \_\_\_\_\_

Family member's serious health condition \*\*

Spouse

Parent

Child

Extension of my leave for family member's serious health condition \*\*

Dates of prior approved Leave: from \_\_\_\_\_ to \_\_\_\_\_

Leave to care for: \*\*

Newborn or

Adopted child or

A child placed (via state procedures) for foster care

The Leave (or extension) is requested to begin on _____ and to end on _____ If the request is for multiple days off for recurring medical treatments of a child, parent, or spouse, or for your own medical treatments, specify dates requested:
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Signed: _____	_____	_____
Employee Name (printed)	Signature	Date

Approved: _____	_____	_____
Pending Corp HR Approval Department Head (Printed)	Signature	Date

Approved: _____	_____	_____
Corporate Human Resources (Printed)	Signature	Date

\*\* The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.