



TOWN OF MARANA

EMPLOYEE FAMILY OR MEDICAL LEAVE (FMLA) REQUEST FORM

In accordance with the Family and Medical Leave Act (FMLA) of 1993 and the National Defense Authorization Acts (NDAA) of 2008 and 2010, the Town of Marana provides job-protected family and medical leaves of absence without pay to eligible employees who are temporarily unable to work due to an FMLA-qualifying reason.

The following is to be completed by the employee requesting FMLA and returned to the Human Resources Department. Once HR is in receipt of the request for leave by you, they will have up to five business days to respond to you of the designation of leave.

Name _____ Title _____

Department _____ Manager _____ Date _____

Starting on ____/____/____ until ____/____/____ I am requesting:
Month Day Year Month Day Year

☐ _____ weeks of leave or

☐ Intermittent leave (leave in blocks of time or reduced normal weekly or daily work schedule).

Due to the following reason:

- ☐ The birth and care of my newborn child.
- ☐ The placement of my adopted or foster child in my home.
- ☐ A serious health condition that renders me unable to perform the essential functions of my job
- ☐ To care for my: ☐ spouse ☐ child ☐ parent, with a serious health condition.
- ☐ To care for a covered servicemember of the Armed Forces with a serious injury or illness.
- ☐ Any qualifying exigency related to the active duty or call to active duty of a covered military member.

Number of days of FMLA leave I have taken in the previous 12 months _____.

Summary of FMLA (this is to provide you with an overview of eligibility requirements for FMLA leave and is not intended to take the place of the Town's personnel policy or federal law. Please refer to Policy 4-7 in the Town's Policies and Procedures Manual on the Employee Intranet under HR/ Personnel Policies for complete details and definitions of FMLA leave.

An eligible employee under the FMLA is an employee who has: worked for the Town of Marana for at least twelve months and worked at least 1,250 hours during the 12-month period immediately preceding the start of the FMLA leave.

Eligible employees are entitled to take FMLA for one or more of the following reasons:

- (1) The birth and care of a newborn child of the employee, or the placement with the employee of a child for adoption or foster care (must be taken within one year of birth or placement with the employee).
- (2) To care for the employee's spouse, child or parent with a serious health condition.
- (3) A serious health condition that renders the employee unable to perform the functions of the employee's job.
- (4) To care for a covered servicemember of the Armed Forces with a serious injury or illness.
- (5) Any qualifying exigency related to the active duty or call to active duty of a covered military member.

If you are eligible for FMLA leave for any reason other than reason (4) you shall be granted up to a total of 12 weeks of FMLA leave within any 12-month period.

Eligible employees qualifying for leave to care for a covered service member with a serious injury or illness (reason (4)) shall be granted up to a total of 26 weeks of leave during a single 12-month period.

Married employee couples may be restricted to a combined total of 12 weeks unpaid FMLA leave within any 12-month period for childbirth, adoption or placement of a foster child, or to care for a parent with a serious health condition.

Married employee couples may be restricted to a combined total of 26 weeks unpaid FMLA leave within a single 12-month period to care for a covered service member with a serious injury or illness.

If your leave is foreseeable, you must provide at least 30 days' advance notice of your intent to take leave. For unforeseeable events, you must provide a written request for leave as soon as practicable or within no more than two working days after learning of the unforeseen need for FMLA-qualifying leave. An employee requesting unforeseen FMLA leave has the obligation to comply with the Town's regular attendance and reporting requirements.

Employee Signature: _____ **Date** _____