



FMLA/MEDICAL LEAVE REQUEST FORM

Applicant Name: _____ **Supervisor:** _____
Department: _____ **Timekeeper:** _____
Work Location: _____ **Job Title:** _____
Requested Start Date: _____ **Scheduled Weekly Hours:** _____
Estimated End Date: _____

Type of leave:
 Continuous Chronic Condition Intermittent (Department approval required for childbirth/adoption/foster leave)

Is this for a CDL position? Yes No

PAY STATUS:

You may elect to use accrued sick leave. Exhaustion of all other County leave accruals (except sick leave) is required before entering an unpaid status. Please select the following:

- I do not wish to use accrued sick leave. If I elect to change this, I will provide timely notice to my supervisor and timekeeper.
- I wish to use accrued leaves in the following order before going into leave without pay status (indicate priority by number). **If you do not prioritize, the County will use accrued leave in the below order:**
 _____ Sick Leave; _____ Vacation; _____ Compensatory Time; _____ Floating Holiday

Leave Balances: _____ Sick; _____ Vacation

PURPOSE OF LEAVE:

- Medical Childbirth Adoption Foster Care Care of Family Member

SUPPORTING MEDICAL DOCUMENTATION:

- Has been provided to Human Resources via fax, email, mail, or interoffice routing.

IMPORTANT INFORMATION:

1. At least 30 days prior to the date that the leave is to begin, employee completes the Medical / FMLA Leave Request form and submits it to Human Resources and notifies their supervisor or department HR Partner. Unforeseen circumstances may waive the 30-day requirement.
2. Supporting medical documentation is required. The U.S. Department of Labor [Certification of Health Care Provider form](#) is preferred. All requests to care for a newborn child, newly-adopted child, or newly-placed foster child must include official verification. Medical certifications or verification letters should be sent directly to the Human Resources.
3. Maximum approval period is 6 months per application; this may be shorter depending on medical documentation provided to HR. Employee may apply for renewal.
4. Human Resources will send copies of the approval or disapproval to the employee and department HR Partner. Further instruction will be sent to the employee.
5. It is the responsibility of the employee to notify his/her supervisor of any absence from work per Department procedure.
6. If you are interested in taking Washington State Paid Family Medical Leave (PFML) and need more information on applying, please contact HR at humanresources@co.kitsap.wa.us

Signature _____ **Date** _____

- Employee Designee County Staff

Human Resources Department
 614 Division St. MS 23A
 Port Orchard, WA 98366
 (360) 602-1193 | Fax(360) 337-7187
humanresources@co.kitsap.wa.us