City of Toppenish
21 West First Avenue
Toppenish Washington 98948
"Where the West Still Lives"

REQUEST FOR FAMILY MEDICAL LEAVE

Date of request: _____

Employee name: _____

Department: _____

Social Security Number: _____

Leave Category Requested:
☐ Paid leave
☐ Unpaid leave
☐ Other: (Please explain below)

Reason for Leave
☐ Employee's own illness
☐ Care for new child
☐ Ill family member -Relationship: _____
☐ Other: (Please explain below)

Beginning date of leave: _____

Ending date of leave: _____

Address during leave: _____

Phone no. during leave: _____

Employee signature: _____

Today's date: _____

Special circumstances: (please explain) _____

_____

_____

_____

_____