

City of Toppenish
Request for Family Medical Leave

Employee Name

Date of Request

Leave Category Requested:

- FMLA: Paid using accrued leave
 FMLA: Leave without pay
 FMLA: Using ESD Washington Paid Family Leave (*see below)
 Other: _____
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Reason for Leave:

- Employee's own qualifying serious health condition
 Birth of child or placement of child for adoption or foster care
 Bond with a child (must be taken within first year of birth)
 Family member's qualifying serious health condition
 Qualifying Exigencies
-

Type of Leave:

- Block of Leave
 Intermittent Leave (when medically necessary)
-

Beginning Date of Leave

Ending Date of Leave

Unless noted differently on your timecard, all leave taken during the stated time above will be counted as Family Medical Leave

***Employee 30 Notice for Paid Family Medical Leave**

Complete this section only if you will be applying for ESD Washington State Paid Family Medical Leave

Date of Notice

Dear City of Toppenish:

This is to notify you that I plan to take (Type of leave): Medical Family Combination of both. Starting on _____. I expect to be gone for _____ Days Weeks and hope to return on _____. *Add additional details (such as the days you will be out, etc.)* _____

Employee Signature