

## FMLA or ADA Employee Request Form

To request a leave of absence, please complete the following request form and submit to [Human Resources](#) at least 30 days prior to leave unless the leave is unforeseen, in which case submit the form as soon as practical.

### Employee Personal Information

Employee Name (print clearly): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Type of Leave** (select the most appropriate box):

- ☐ Birth of a son or daughter and to care for the newborn child.
- ☐ Placement of a son or daughter for adoption or foster care.
- ☐ To care for your spouse, son, daughter, or parent with a serious health condition.
- ☐ Your own serious health condition making you unable to perform the functions of your job.
  
- ☐ A qualifying exigency arising out of the fact that spouse, son, daughter, or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active-duty status).
- ☐ To care for a covered service member with a serious injury or illness if the spouse, son, daughter, parent or next of kin of the covered service member.

**Time off work is expected to be** (select the most appropriate box):

- ☐ For a continuous block of time (several continuous days, weeks, or months off work).
- ☐ For a reduced work schedule (change in work schedule needed – fewer hours per day or fewer hours per week).
- ☐ On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments).

**Requested Leave Start Date:** \_\_\_\_\_ **Estimated End Date:** \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature certifies that the information provided is true and correct to the best of your knowledge, and you understand that misrepresentation or failure to provide required supporting medical documentation will result in denial of the leave request, and you may be held to company attendance policy progressive discipline standards.*

Determination of eligibility for leave under the FMLA or ADA may require additional documentation or clarification of documentation, prior to making a final determination to approve or deny your leave request. Please contact Human Resources with any questions.

Please return the completed form via email to [heritagehr\\_payroll@heritage-enviro.com](mailto:heritagehr_payroll@heritage-enviro.com).