



Paid Employee and Family Medical Leave AND FMLA Request Initiation Form

This form initiates the application and qualification process for Paid Employee and Family Medical Leave as well as Family Medical Leave Act leave. Completion of this form does not guarantee qualification for placement on leave. Certain factors affect whether an employee qualifies for leave. See applicable policies for more information. Leave must be certified by an appropriate medical professional or may not be paid. Employee portion of benefit premiums must be paid while on leave.

Employee and supervisor must complete, sign, and email/fax this form immediately to **984-275-1742** or **fmla.submissions@raldioc.org** for follow-up. Employee must also notify their Pastor or Principal of their need for leave. Additional forms will be sent to the employee's personal email address. Submission of incomplete/insufficient forms will delay the approval process, and may lead to denial of leave.

Employee Name:	Employee Job Title:
Location and RL#:	Date of Hire:
Supervisor name:	Employee Type: 12-month 10-month
Date notified by employee of need for leave:	
Date leave is to start:	
Date of anticipated return to work:	
Employee personal email address:	
Employee best phone number for contact:	

REASON FOR LEAVE

Paid Employee and Family Medical Leave: up to 12 weeks of paid, job-protected leave

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|--|--|--|
| ☐ Birth of child | ☐ Placement of foster child | ☐ Adoption of child |
| ☐ Serious health condition of employee | | |
| ☐ Serious health condition of employee's ☐ spouse; ☐ son or daughter; ☐ parent | | |

Up to 12 weeks of paid, remaining total unpaid up to 26 weeks, job-protected leave

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| ☐ Qualifying exigency arising out of the fact that your ☐ spouse; ☐ son or daughter; ☐ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves. |
| ☐ You are the ☐ spouse; ☐ son or daughter; ☐ parent; ☐ next of kin of a covered service member with a serious injury or illness. |

TYPE OF LEAVE REQUESTED

- ☐ Continuous ☐ Intermittent ☐ Reduced Hours

Brief explanation of leave requested: _____

☐ I have notified my Pastor/Principal of my leave request.

Signature of Employee

Date

Supervisor's Signature

Date

Received by: (Signature of HR Representative)

Date