**FMLA REQUEST INTAKE FORM**

***Office Use Only:***

Permanent \_\_\_\_\_\_

Hours \_\_\_\_\_\_ Years \_\_\_\_\_\_

Accruals to cover time? \_\_\_

21 Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DONE on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Today’s Date:**

**Employee’s Name:**

**Employee ID:**

**Employee’s Title:**

**Unit:**

**Best Number to Reach You:**

**Effective Date:**

**Employee’s Home Address:** Click here to enter text.

**Reason – Please check one:**

**Employee Intermittent -** Leave taken in separate blocks of time due to a single qualifying reason

**Employee Block of Time -**  A one-time continuous absence for a single qualifying reason (e.g., one month)

**Reduced Schedule Leave -** A leave schedule that changes the employee's normal work schedule for a period of time by reducing the employee's usual number of working hours per workweek or hours per workday.

**Caregiver – Intermittent – Patient’s Name:**

**Relationship to you:**

**Caregiver – Block of Time – Patient’s Name:**

**Relationship to you:**

**Does spouse work for the State?**

**If yes, are they taking time for this leave?**

**Supervisor’s Name**

**Supervisor’s Telephone Number:**

**Please send information to:**

**Call when ready and I will pick up**

**Send to Employee’s Work Email Address which is:** Click here to enter text.

**Send to Employee’s Home email which is:** Click here to enter text.

**Mail to Employee’s Home Address which is:** Click here to enter text.

Notes: