



## BASTROP COUNTY FMLA LEAVE REQUEST FORM

**Complete this form and FAX it to Bastrop County HR Department at 512-581-7118**

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) up to 12 work weeks of paid and/or unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same conditions as if the employee had not taken leave, in a 12-month rolling calendar period. Military caregiver leave: 26 workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent or next of kin. Submit this request form to your supervisor at least 30 days before the leave is to begin, if possible. If submission of the request 30 days in advance is not possible, submit the request as early as possible. In most cases, it should be possible to provide notice of the need for leave within 1-2 business days after the leave becomes known. The County reserves the right to delay or deny leave for failure to give appropriate notice when such delay/denial would be permitted under federal or state law.

EMPLOYEE INFORMATION		
Name		Hire Date
Position	Department	Supervisor
REQUESTED LEAVE DATES		
Beginning Date	Return Date	
REASON FOR REQUESTING LEAVE		
I am requesting leave for the following reason (check one):		
<input type="checkbox"/> A serious health condition that makes the employee unable to perform the essential functions of his or her job		
<input type="checkbox"/> To care for the employee's spouse, child, or parent who has a serious health condition		
<input type="checkbox"/> Birth of a child and to care for the newborn child within one year of birth.    Expected delivery date:		
<input type="checkbox"/> Adoption or placement of a child for foster care.    Expected date of adoption/placement:		
<input type="checkbox"/> Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty".		
<input type="checkbox"/> To care for a covered servicemember with a serious injury or illness if the eligible employee is the servicemember's spouse, son, daughter, parent, or next of kin (military caregiver leave).		
I <input type="checkbox"/> have <input type="checkbox"/> have not previously taken FMLA-protected leave.		
Signature		Date