

# Family Medical Leave Request or Paid Family Leave Request Form

Instructions for the employee

- Complete the form and submit to HR.
- You will be notified if leave is approved or further documentation is needed.

## Employee Information

|                   |              |
|-------------------|--------------|
| Employee Name     | Program      |
| Supervisor's Name | Date of Hire |

## Type of Leave

I hereby request the following type of leave

- Family Medical Leave for my own illness
- Family leave for the
  - Birth of a child, Placement of a child with me for Adoption or Foster Care
  - Anticipated date of birth or placement \_\_\_\_\_
- Family leave to care close family member
  - Family member's full name: \_\_\_\_\_
  - Relationship to you: \_\_\_\_\_
- Service member Care
- Military Exigency Leave

## Amount of Leave

(1) I request that leave be granted for the following period of time:  
Beginning on (date) \_\_\_\_\_ Ending on (date) \_\_\_\_\_

(2) I further request that the leave be granted for the following reduced or intermittent leave schedule. \_\_\_\_\_

## Pay During Leave

1. I understand that leave that is designated as FMLA will mean I must use available ESL and PTO time, in accordance with the Northern Rivers Family of Services leave policy I elect to reserve \_\_\_\_\_ hours of PTO time for my return. (Up to one week).

2. If my leave qualifies as NY Paid Family leave I understand I will receive 50% of my salary up to the New York State average weekly wage and that I have the choice to use my ESL and PTO time (in accordance with the Northern Rivers Family Services Accrual policy.)  
I elect to:

- Use available PTO to supplement the Paid Family Leaves payment. (Any leave type)
- Use available ESL to supplement the Paid Family Leave payment. (Only available for Serious Illness)
- Not use accrued PTO and ESL time.

## Employee Certification and Signature

I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave may result in denial of the leave and may subject me to disciplinary action up to and including termination.

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