# COUNTY OF ALAMEDA

## FAMILY AND MEDICAL LEAVES
## EMPLOYEE REQUEST FOR LEAVE

Employee's Name: ______________________ Employee's ID #: ______________________

Classification: ______________________ Department: ______________________

Contact Telephone Number: ______________________ Immediate Supervisor: ______________________

This is a request for leave as provided under the Family Medical Leave Act (FMLA)/California Family Rights Act (CFRA) and/or Pregnancy Disability Leave (PDL).

My requested **continuous** **intermittent** leave is from ____________ through ____________ for the reason(s) indicated below:

- ☐ 1. My own serious health condition (including industrial and/or non-industrial injury/illness/medical condition).
- ☐ 2. To care for my spouse/domestic partner child parent due to his/her serious health condition.
- ☐ 3. My own disability due to pregnancy, child birth, or related medical condition, or for prenatal care.
  (Note: Disability due to pregnancy/child birth/related medical condition is covered under FMLA/PDL only)
- ☐ 4. To bond/care for my new born, adopted child or foster child (child bonding).
  Date of birth/placement with my family: ____________
- ☐ 5. Because of a qualifying exigency arising out of the fact that my spouse son or daughter parent who is a covered service member on covered active duty in the Arm Forces.
- ☐ 6. To care for my spouse son or daughter parent next of kin who is a covered military member with a serious injury or illness.

## EMPLOYEE ACKNOWLEDGMENT

**I certify that the information I have provided above is true and correct.**

**Employee's Signature:** ______________________________ **Date:** ____________________

## TO BE COMPLETED BY SUPERVISOR & HUMAN RESOURCES

Upon receipt of this form, immediately complete and forward to your Human Resources Office for processing.

**Date Received:** ____________ **Supervisor's Signature:** ______________________________

**Date Received:** ____________ **Department Head/HR Representative:** ______________________________