

Pulaski County
EMPLOYEE APPLICATION FOR LEAVE OF ABSENCE
Family Medical Leave Act (FMLA)

Name _____ Date of Application _____

Department _____ Immediate Supervisor _____

Type of Leave Requested: () Family () Medical () Family and Medical

Leave to begin (first day) _____ Expected Return Date _____

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Leave under the Family Medical Leave Act (FMLA) is unpaid. However accrued sick and vacation hours may be used for paid leave.

Use accrued sick time. Use accrued vacation time.

Note: If leave is employee medical or eligible family medical, accrued sick leave will be used for this period of absence. This is not an option.

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Reason for Leave Request: (Provide a full explanation – use additional sheets as needed)

Note: As your employer, Pulaski County may require medical certification that leave is needed due to the employee's own serious health condition or that of a family member. The County may, at its expense, require a second medical opinion. If the first and second opinions differ, the County may, at its expense, request a third opinion. The third opinion is binding.

I, _____ understand that if I do not return from my leave of absence, unless an
Employee's name
extension has been approved in advance, my employment may be terminated.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____