

## APPLICATION FOR FAMILY LEAVE

(To be retained by the division)

Employee Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Bargaining Unit: \_\_\_\_\_

Division/Branch/Unit: \_\_\_\_\_

1. Specify the reason for the family leave:

Birth of an employee's child

Adoption of a child by an employee

Care of an employee's child, spouse, or parent with a serious health condition

2. If family leave is being taken to care for your child, spouse or parent with a serious health condition, please provide the following information:

A. Family relationship to the person being cared for:

\_\_\_\_\_

B. The serious health condition must be an acute, traumatic, or life-threatening illness, injury, or impairment and which involves treatment or supervision by a health care provider. List name of health care provider. (If not known at this time, indicate "not known" and name of health care provider may be submitted at a later date.)

\_\_\_\_\_

C. Probable duration of the serious health condition if known:

\_\_\_\_\_

3. Period of leave (dates) and total number of working hours being utilized for family leave:

\_\_\_\_\_

The information contained in this form may be subject to verification by the employer.

I certify that the above information is true and accurate.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date