



FAMILY AND MEDICAL LEAVE REQUEST FORM

I _____, an employee of Warren County, am requesting a leave pursuant to provisions outlined in the Family and Medical Leave Act.

I request leave:

- 1. For the birth of a child or caring for a newborn.
- 2. For placing a child for adoption or foster care.
- 3. To care for an immediate family member (circle one: spouse, child, or parent) who has a serious health condition.
- 4. Because I am unable to work due to my serious health condition.

If you checked box 3 or 4, a U.S. Department of Labor certification form must also be completed by a physician.

Leave to start: _____

Anticipated return date: _____

Employee Signature: _____
Signed Date

Departmental Head: _____
Signed Date

Director of Human Resources Approval: _____
Signed Date

Please note that in a 426 must accompany this request.