

REQUEST FOR FAMILY MEDICAL LEAVE OR PAID FAMILY LEAVE

This form is for use by employees of Northern Rivers Family of Services and member agencies.

Instructions for the employee:

- Complete the form and submit to HR.
- You will be notified if leave is approved, how your leave is designated (FML/PFL), and whether further documentation is needed.

EMPLOYEE INFORMATION

Employee Name _____ Program _____
Supervisor 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. If my leave is designated as FMLA and concurrent PFL, I understand that I must use available ESL and PTO time in accordance with the NRFS leave policy. I elect to reserve _____ hours of PTO time for my return (up to one week).
2. If my leave is designated solely as PFL, I understand that I will receive 55% 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 to receive full pay in accordance with the NRFS leave policy.
 - Use available PTO time during Paid Family Leave.
 - Do not use PTO or ESL time during Paid Family Leave.

EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby certify that the information provided 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.

Employee Signature _____ Date _____

NORTHERNRIVERS