**Family Medical Leave Act**

**Request for Military Caregiver Absence**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYEE INFORMATION:** | | | | | | | | | | | | | |
| Employee Name | | | | | | Personnel Number | | | | Home Telephone Number (optional) | | | |
|  | | | | | |  | | | |  | | | |
| Agency | | | | | | | | Work Location | | | | | |
|  | | | | | | | |  | | | | | |
| Supervisor’s Name | | | | | | | | Timekeeper’s Name (optional) | | | | | |
|  | | | | | | | |  | | | | | |
| **REQUEST INFORMATION:** | | | | | | | | | | | | | |
| I am requesting Military Caregiver Absence in accordance with the Family and Medical Leave Act (FMLA). I understand that I will need to provide a completed *Serious Injury or Illness of a Current Servicemember Certification* or *Serious Injury or Illness of a Veteran Certification* form within 15 days to support the request which will be reviewed for approval within five business days. | | | | | | | | | | | | | |
| 1. This request is for absence due to the serious illness or injury of the below covered servicemember: | | | | | | | | | | | | | |
|  | Name of Family Member | | | | Relationship | | | |  | | | | |
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|  | | | | | | | | | | | | | |
| 1. Is this your first request for this Military Caregiver Absence event?  Yes  No | | | | | | | | | | | | | |
| 1. I anticipate being absent from work during the following time period due to this event:   **Full-Time Absence Intermittent or Reduced-Time Absence** | | | | | | | | | | | | | |
|  | From Date |  | To Date |  | | | From Date | |  | | To Date | |  |
|  |  | to |  | **OR** | | |  | | to | |  | |  |
| For requests for intermittent/reduced-time, what is the estimated frequency of absences and duration of each episode? | | | | | | | | | | | | | |
| 1. I am electing to use the following paid absence types, if they are available. **Check all that apply**.If requested, paid absence must be used before using unpaid leave for each absence. Absence types requested to be used will be applied in the order below (accrued leave first) unless another order is requested in the “Comments” section below. **Please note that** **accrued sick family, accrued additional sick family (when applicable), accrued annual/combined, accrued personal, accrued holiday, and accrued compensatory are mandatory and automatically applied before any other absence type is applied. In addition, changes to the leave election below must be made on a subsequent *Request for Military Caregiver Absence* form and will be applied to absences prospectively.**   Accrued Sick Family and Additional Sick Family (mandatory when applicable)  Accrued Annual/Combined (mandatory)  Anticipated Sick Family (optional)  Accrued Personal (mandatory)  Anticipated Annual/Combined (optional)  Accrued Holiday (mandatory)  Anticipated Personal (optional)  Accrued Compensatory (mandatory)  **After using accrued sick family, accrued additional sick family, accrued annual/combined, accrued personal, accrued holiday, accrued compensatory and other paid leave as indicated above, unpaid military caregiver absence will automatically be applied.**  Unpaid Military Caregiver Absence | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | |
| **SIGNATURE: I have read and understand my leave elections above.** | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | Date of Request | |
|  | | | | | | | | | | | |  | |
| **Please return this form to**:[NAME], SPF Absence Coordinator, [AGENCY]  [ADDRESS]  [ADDRESS]  **Phone:**        **Fax:**       **Email:** | | | | | | | | | | | | | |