

Township of Pemberton
Request for Leave Covered Under the Federal Family and Medical Leave Act
(FMLA)

I hereby request to take a leave of absence for circumstances which I feel represent a qualifying event under the Federal Family and Medical Leave Act of 1993. The nature of my leave request is as follows:

_____ A serious health condition, including maternity leave that makes me unable to perform the essential functions of my job; or

_____ A serious health condition affecting my Spouse, Child, or Parent for which I am needed to provide care; or

_____ To care for my newborn child; or because of the adoption of a child.

I will need this leave beginning on _____, and I will return to work _____.

I have read and understand the attached document Employee Rights and Responsibilities under the FMLA.

If the circumstances of your leave change and you are unable to return to work as anticipated, you will be required to notify us at least two weeks prior to the date you intended to return.

Employee's Signature: _____ Date: _____

MAYOR OR BUSINESS ADMINISTRATOR'S APPROVAL

Mayor or Business Administrator's Signature: _____

Return this form to the Administration Office as soon as possible.