

FMLA REQUEST FORM

This FMLA Request Form ("Form") is entered into on the _____ day of _____ , 20 _____ , by and between the Employee and the Employer, as defined below, for the purpose of requesting leave under the Family and Medical Leave Act ("FMLA").

1. PARTIES

- Employee Name: _____
- Employee Address: _____
- Employee Phone: _____
- Employee Email: _____

- Employer Name: _____
- Employer Address: _____
- Employer Phone: _____
- Employer Email: _____

2. REQUEST FOR LEAVE

The Employee hereby requests leave under the FMLA for the following reason(s):

- Anticipated Start Date of Leave: _____ day of
_____, 20 _____

- Anticipated End Date of Leave: _____ day of
_____, 20 _____

3. CERTIFICATION

The Employee agrees to provide any necessary certification or documentation required by the Employer to substantiate the need for FMLA leave. The Employer reserves the right to request a second or third medical opinion at the Employer's expense, as permitted by the FMLA.

4. GOVERNING LAW

This Form shall be governed by and construed in accordance with the laws of the State of
_____.

5. SEVERABILITY

If any provision of this Form is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

6. ENTIRE AGREEMENT

This Form constitutes the entire agreement between the parties regarding the subject matter hereof and supersedes all prior agreements, understandings, and negotiations, whether written or oral.

7. NOTICE

Any notice required or permitted under this Form shall be given in writing and delivered by hand, certified mail, or email to the addresses provided above. Notices shall be deemed received on the date of delivery if delivered by hand, on the date of receipt if sent by certified mail, or on the date of transmission if sent by email.

8. AMENDMENT

This Form may only be amended or modified by a written agreement signed by both parties.

9. TERMINATION

This Form shall terminate upon the completion of the FMLA leave period, unless otherwise agreed in writing by both parties.

10. SIGNATURES

By signing below, the Employee and Employer acknowledge that they have read, understood, and agreed to the terms of this Form.

Employee Signature: _____

Date: _____

Print Name: _____

Employer Signature: _____

Date: _____

Print Name: _____

11. WITNESS

Witness Signature: _____

Date: _____

Print Name: _____

12. NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On this _____ day of

_____, 20 _____,

before me, the undersigned notary public, personally appeared

_____, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

Notary Signature: _____

Date: _____

Print Name: _____

My Commission Expires: _____ day of

_____, 20 _____

This FMLA Request Form is prepared to ensure compliance with the Family and Medical Leave Act and to facilitate the processing of leave requests by the Employer.