



**Diocese of Owensboro
Employee Request for Leave
Family Medical Leave Act (FMLA)**

Date: _____

Parish or Employer Name: _____

This serves as my request for leave under the Family and Medical Leave Act. I am requesting leave for the following reason:

- ___ The birth of a child, placement of a child with me for adoption or foster care.
- ___ A serious health condition of my own.
- ___ A serious health condition of my spouse/child/parent that requires my care.
- ___ I am the spouse/son/daughter of a covered military member in active duty status or has been notified of an impending call or order to active status.
- ___ I am the spouse/son/daughter/parent or next of kin of a covered service member with a serious injury or illness.
- ___ I am the spouse/son/daughter/parent or next of kin of a covered service member under a call or in active duty and I must handle certain qualifying exigencies.

I understand that I must provide additional information if requested of me by my employer to support my reason for leave.

I would like for my FMLA leave to begin on _____, and I am requesting _____ days of leave or _____ weeks of leave or _____.

Employee printed Name Employee Signature

Diocese of Owensboro Approval Date

Diocese of Owensboro Non-Approval Date