



Montgomery County Government
Employee Request for Family and Medical Leave (FMLA)

Date: _____

TO: (name of supervisor) _____

FROM: (name of employee) _____

Department/Division _____

SUBJECT: Request for Family and Medical Leave (FMLA Leave)

I have worked for Montgomery County for a total of at least 12 months:

__ Yes __ No __ Unsure

I have worked for Montgomery County for at least 1040 hours, not including hours of paid leave, during the past 12 months: __ Yes __ No __ Unsure

I need to take FMLA leave because of:

- the birth of a child, or the placement of a child with me for adoption or foster care;
a serious health condition that makes me unable to perform the essential functions of my job;
a serious health condition affecting my spouse, domestic partner, minor child, adult child incapable of self-care, parent;
to handle an exigency directly related to active duty status or a call to active duty of my spouse, domestic partner, son or daughter, parent; or
to care for a servicemember with a serious injury or illness incurred in the line of duty while on active duty who is my spouse, domestic partner, son or daughter, parent, next of kin
I need this leave to begin on (date) _____ and expect it to continue until (date) _____ and want to take this leave using:
accrued annual leave
accrued sick leave or family sick leave
accrued personal leave
leave without pay
some combination of the above
I need to take this FMLA leave on an intermittent or as needed basis.