



## Family and Medical Leave Act (FMLA) Request Form

Employee  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

**Eligible employees can take up to 12 workweeks of FMLA leave in a 12-month period for:  
(select reason)**

- ☐ The birth, adoption or foster placement of a child with you,
- ☐ Your serious mental or physical health condition that makes you unable to work,
- ☐ To care for your ☐ spouse ☐ child ☐ or parent with a serious mental or physical health condition, and
- ☐ Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military service member.

### Estimated Start and Return Date of FMLA

Start Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

**Return completed form to HR-LR: [shelly.haise@mybedford.us](mailto:shelly.haise@mybedford.us)**

Questions please contact Shelly Haise via email or 734-850-6022

Upon receipt of the FMLA request further communication will be forthcoming from HR-LR including: Eligibility Notice, Rights and Responsibilities Notice and applicable Certification Form for completion by the Healthcare Provider.

---

### Below for HR-LR Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_