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County Executive

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Benefits Administrator/
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DAWN SPADER
Personnel Director

JAMES FARINA
Director of Employee Relations

APRIL RODMAN
Administrator, Civil Service & Personnel

Family Medical Leave Request Information Sheet (to be completed by Department FMLA Representative)

Employee Name: _____ Emp # _____

Mailing address: _____

Best contact phone #'s: _____

Employee's email address: _____

Department: _____ Supervisor _____

Date of Hire by UC (M/Y): _____ (Must be at least 12 months ago)

This request is for the medical condition of employee _____

or family member – describe relation _____

if for a child, age of the child: _____ Military Family Leave? _____

Date of first work absence due to current medical condition: _____

Has emp worked more than 1,250 hours for UC in the past 12 months? _____

Has emp been approved for FMLA during the past 12 months? _____

Is this request for a Maternity or Paternity leave request? _____

If yes, then the Certification forms will not be required.

Anticipated date of birth: _____

Date: _____ Form completed by: _____

Dept. Rep has provided the Certification of Provider? YES or NO