



**Employee Request for Family and Medical Leave (FMLA)**

To: \_\_\_\_\_ Date: \_\_\_\_\_

FROM (name of employee):  
\_\_\_\_\_

Department/Division:  
\_\_\_\_\_

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

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

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**                      \_\_\_\_\_ **Unsure**

I have worked for Montgomery College for at least 1250 hours 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
  - 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 sick leave
  - Leave without pay
  - Some combination of the above
- I need to take this FMLA leave on an intermittent or as needed basis

SEND THIS FORM TO:

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