



City of Marlborough  
Human Resources Department

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## FMLA LEAVE REQUEST FORM

Employee FMLA Leave Request (Family/Medical Leave Request Form) Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to take up to 12 weeks of job-protected leave for certain family and medical reasons. Submit this request form to human resources at least 30 days before the leave is to begin, when possible. When 30 days' advance submission of the request form is not possible, submit the request as soon as possible.

### Employee Information (Please print)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Today's Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_

### Eligibility Requirements:

- Have worked for the City of Marlborough for at least 12 months
- Have at least 1,250 hours of service in the last 12 months before taking the leave

### Reason for Requesting Leave

I am requesting family/medical leave for the following reasons: (check all that apply)

- The birth of a child and to care for the newborn child within one year of birth;
- the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
- to care for the employee's spouse, child, or parent who has a serious health condition;
- a serious health condition that makes the employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the employee's spouse, child or parent is a covered military member on "covered active duty;" or
- Twenty-six work weeks of leave during a single 12-month period to care for a covered servicemember with a serious injury or illness if the eligible employee is the servicemember's spouse, child, parent, or next of kin (military caregiver leave).
- Extension of Leave of Absence

### Duration of Leave

Leave (OR extension) expected to begin: \_\_\_\_\_ Leave expected to end: \_\_\_\_\_

If the intermittent or reduced leave schedule is being requested, please explain why it is needed and the proposed leave schedule: \_\_\_\_\_

**IMPORTANT PLEASE NOTE:** The City of Marlborough **requires** that sick, vacation, and/or personal time be substituted for **all** unpaid leave.

### Employee Certification and Signature

I certify that the above information is true and correct to the best of my knowledge:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_