

Arizona State Personnel System
Family and Medical Leave Request (FMLA)

Note: Please read your agency's FMLA policy, if applicable, prior to completing this form

Employee Name	EIN	State Hire Date
Agency Name	Division	
Work Location	Supervisor Name	
Supervisor's Phone Number	Supervisor's Email	
Work Email	Work Phone Number	
Personal Email	Personal Phone Number	
Anticipated FMLA Start Date	Anticipated FMLA End Date	

REASON FOR LEAVE

Birth of my child or placement of my child for adoption or foster care

To care for my spouse, child or parent with a serious health condition (select one below)

A serious health condition which makes me unable to work

A serious injury or illness of a Covered Servicemember or Veteran (may qualify for up to 26 weeks of leave)

Qualifying Exigency for Military Family Leave

Type of Leave	<input type="radio"/> Intermittent Leave	<input type="radio"/> Reduced Work Schedule	<input type="radio"/> Full-time Leave	
Leave is to Care For	<input type="radio"/> Self	<input type="radio"/> Spouse	<input type="radio"/> Child	<input type="radio"/> Parent

If intermittent leave is requested, indicate the anticipated frequency and duration of absences.

Have you been employed by the State for at least 12 months during the last 7 years?	<input type="radio"/> Yes	<input type="radio"/> No
Have you worked at least 1,250 hours in the last 12 months (does not include the use of paid leave)?	<input type="radio"/> Yes	<input type="radio"/> No

Have you worked at any State agency as a contractor or through a staffing company during the last 7 years? If so, please specify the State agency you worked and the dates you worked at the agency.

I hereby certify that all the statements contained herein and attached are true to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of my FMLA request and may result in disciplinary action.

Employee Signature	Date
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Official Use Only

I have reviewed the employee's FMLA request and verified if the employee is eligible for FMLA leave.

Human Resources Signature	Date Request Received
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