



REQUEST FOR FAMILY MEDICAL LEAVE

LCC employees must submit this request for Family Medical Leave (FMLA) to the Luna Community College Human Resources Department at least 30 days in advance of the effective date of the leave. In the event this request is not submitted prior to the start of leave, the employee's FMLA record will be retroactive to the eligibility date of the FMLA leave. Once your request for FMLA is approved, you will receive (via certified mail) within two days a letter, which explains your responsibilities and employment rights under FMLA.

Employee Name

Date of Request

Position Title

Department and Location

Employment Status

Date of Hire

Leave Request Begins (Provide Starting Date)

Leave Request Ends (Provide End Date)

Reason for leave: *(In the event intermittent or a reduced work schedule is requested, you are required to provide a written schedule of leave time.)*

Please provide an address and telephone number where you can be reached during you FMLA.

Employee Signature

Date

Human Resources Approval: *YES* _____ *NO* _____

Human Resources Director

Date