CITY OF HENDERSONVILLE

PAID FAMILY LEAVE REQUEST FORM

Employee Name:	**Home Telephone Number:**
Current Mailing Address:	
Department:	

Reason for Leave:

- ☐ Birth of my child and/or to care for the new born child (documentation required)
- ☐ Placement of a child with me for adoption or foster care (documentation required)
- ☐ To care for a family member with a serious health condition (medical certification required)

Briefly explain reason for leave request (If leave is to care for a family member, please specify your relationship to the family member):

ANTICIPATED DATES OF LEAVE:

From: _____ Through:_____
(Date) (Date)

I am requesting leave on an intermittent or reduced leave schedule. ☐ Yes ☐ No

I anticipate that I will need the leave on the following schedule or basis:

I understand that I will be required to furnish medical certification of a serious health condition and/or a family member. I further understand that this certification must be submitted to the Human Resources Department within 15 days. I authorize the City of Hendersonville Human Resources Department to obtain clarifying information from the health care provider regarding my request for Paid Family Leave.

Employee Signature:	**Date:**

If your leave is approved, you will receive a letter from Human Resources detailing the City's policy Please feel welcome to address any questions concerning Paid Family Leave with Human Resources. You may contact Human Resources at 697-3003.

Department Head Signature:	**Date Received:**

Department Head or designee should *immediately* forward request form to the Human Resources Department.

Human Resources Department:

Date Request Received:	Medical Certification or documentation Received:

Employee has worked ☐ at least 12 months for City of Hendersonville.
☐ at least 1,250 hours in the 12-month period immediately preceding the start of the leave

Employee is ☐ eligible ☐ not eligible for FMLA	Condition ☐ qualifies ☐ does not qualify for Paid Family leave
FMLA ☐ approved ☐ denied Effective date of Paid Family Leave:	Signature of HRD Representative: