

APPLICATION FOR USE OF PREVIOUSLY APPROVED INTERMITTENT LEAVE FOR A FAMILY MEMBER UNDER THE FAMILY MEDICAL LEAVE ACT

DEPARTMENT _____ RC#/DIVISION _____ Date _____ 20 _____

Name _____ Title _____ RDO _____ Pass No. _____

Absent from _____, 20_____, _____ A.M. to _____, 20_____, _____ A.M. inclusive for a total of _____ working hours/days.

I was not (or will not be) at work on account of the (check all that apply) _____ illness _____ medical treatment of _____, during this period and request the approval to use intermittent leave under the Family Medical Leave Act because: (Describe the facts, in detail, which require(d) you to be absent from work)

my _____, *Family Relationship to Employee* _____, *Name of Family Member* _____

If you did not provide the Division with thirty (30) days' advance notice of the need to take the requested leave, explain the reason(s) why such notice was not given, including the first time you became aware of the need to take the leave:

Do you anticipate needing to take additional leave for the duration of your approved intermittent leave? If yes, when and/or how frequently?

Employee's Signature _____ Pass No. _____ Date _____

This form must be submitted as soon as practicable.

The employee must submit a completed copy of this completed application in a sealed envelope to the Depot FMLA Coordinator. Sealed envelopes should be made available to the employee at the Depot. If the employee chooses, he/she may send the documents to directly to OHS instead of giving them to the Depot FMLA Coordinator. In that event, the employee is required to 1) send a copy of the completed application via facsimile to OHS. A dedicated fax number has been established at both Yukon and Castleton Depots (347-643-8536) and 2) also send the completed original application in a sealed envelope via interoffice mail, US mail, or express mail service to: Wanda Bartley, OHS, Compliance and Support, 180 Livingston Street, Room 4023a, Brooklyn, New York 11201 or sealed envelopes may be also be dropped in the FMLA Box located in the Human Resources Information Center, 180 Livingston Street, 6th Floor. IT IS STRONGLY SUGGESTED THAT THE EMPLOYEE KEEP A COPY OF THIS COMPLETED FORM FOR HIS/HER RECORDS.