

**MAINE COMMUNITY COLLEGE SYSTEM
EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM**

Employees Name:	Department	Date of Hire

Have you worked 1,250 or more hours in the last year? YES NO

Type of Family Medical Leave (Check one):

My own serious health condition. Briefly explain:

Serious health condition of: my child my spouse my parent.
 Briefly explain why you are needed for care purposes:

Military Family Leave for a qualifying exigency for:
 my spouse; _____ my son or daughter my parent
 who is on covered active duty or called to covered active duty status with the Armed Forces.

Serious Injury or Illness of Covered Service Member who is:
 my spouse; _____ my son or daughter my parent, my next of kin

Birth of child or placement of a child with you for adoption or foster care;

Request is for:

Reduced Work Schedule: _____

Intermittent/Sporadic Leave

Other: _____

Expected duration of leave:

Complete only for leaves based on a serious health condition (check one):

My health condition commenced on: _____ (date).

My need to care for my spouse/child/parent commenced on: _____.

(Answer only for leave other than serious health condition leaves and if your spouse is a MCCA employee.)

My spouse is is not requesting leave at this time.

Signature of Employee

Date

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