County of Fluvanna

Form 2.14 - EMPLOYEE APPLICATION FOR FAMILY AND MEDICAL LEAVE

The requesting employee must submit a verifying medical certification from a physician within 15 days of application for leave.

Section A – EMPLOYEE INFORMATION

1. Employee Name (Last, First MI)	2. Empl. No.	3. Department

4. Supervisor	5. Leave Start Date	6. Leave End Date (if known)

7. Reason for Leave

☐ Employee's own serious health condition

☐ Serious health condition affecting your (check one) for which you are needed to provide care:
☐ Spouse ☐ Child ☐ Parent ☐ Nearest Blood Relative (Relationship _____)

☐ Birth of child or placement of child with you for adoption or foster care (must be used within 12 months of birth or adoption date)

☐ Family Medical Leave-Call to Active Duty to cover qualifying exigencies arising due to current active duty or impending call to active duty status for spouse, domestic partner, child or parent (*Military documentation required*)

☐ Caregiver Leave for injured or ill Service Member (check one)
☐ Spouse ☐ Child ☐ Parent ☐ Nearest Blood Relative (Relationship _____)

8. If leave will be intermittent, explain requirements:

9. Type of Leave to be Used (check all that apply):

☐ Sick Leave ☐ Vacation Leave ☐ Compensatory Time ☐ Unpaid Family and Medical Leave

EMPLOYEE CERTIFICATION: I hereby authorize a Fluvanna County Human Resources representative to contact my health care provider to verify the reason for my requested family and medical leave. I also understand that a failure to return to work at the end of my leave period may be treated as a resignation due to job abandonment, unless an extension has been agreed upon and approved in writing by the County Administrator or responsible Constitutional Officer.

10. Employee Signature	11. Date

Section B – REVIEW/APPROVAL

Supervisor Recommendation ☐ APPROVAL ☐ DISAPPROVAL	Signature / Date
Director/Agency Head Recommendation ☐ APPROVAL ☐ DISAPPROVAL	Signature / Date
Human Resources Review / Comments	Signature / Date
County Administrator / Constitutional Officer Action ☐ APPROVED ☐ DISAPPROVED	Signature / Date