

CITY OF MT. PLEASANT

Application for Family Leave

Employees are eligible for family leave for all qualifying conditions. The Human Resources Director is responsible for initially identifying a qualifying condition and for notifying an employee of his/her family leave entitlement. No leave may be taken until a Notice of Eligibility is completed by HR.

Employee Name: _____ Department: _____ Date: _____

A. I am requesting leave for:

- | | |
|---|---|
| <input type="checkbox"/> My serious health condition (Skip to C) | <input type="checkbox"/> Pregnancy/Prenatal (Skip to C) |
| <input type="checkbox"/> My spouse, child, or parent's serious health condition | <input type="checkbox"/> Birth or adoption of a child (Skip to D) |
| <input type="checkbox"/> Qualifying exigency for covered servicemember | <input type="checkbox"/> Foster care placement (Skip to D) |
| | <input type="checkbox"/> Servicemember with serious health condition* |

B. The person I will be caring for is my:

- | | |
|--|--|
| <input type="checkbox"/> Spouse (legally married) | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Biological or adopted child | <input type="checkbox"/> Stepchild |
| <input type="checkbox"/> Foster child or legal ward | <input type="checkbox"/> Next of kin (* applies only in this case) |

C. What is the condition? _____

D. I am requesting Family Leave for _____ weeks.

I understand that the total time may not exceed 12 weeks in a 12-month period for qualifying conditions, or 18 weeks in a 24-months period for qualifying conditions.

E. I am requesting leave (check one)

- As needed over a _____ -week period, not to exceed the maximum
- All at one time for a period not to exceed the maximum

Certification and Signature

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related FMLA process, whether made by me or by others at my request, will result in disciplinary action up to and including dismissal from City service

- I certify that all statements contained herein are true and complete whether made by me or others at my request.
- I understand that my employer may ask for verification and/or proof of illness or other qualifying event at any time during the period of leave.
- I understand I must first be approved for FMLA/AFLA before I can take any leave.

Signature: _____ **Date:** _____