

## FMLA/CFRA/PDL APPLICATION

To be completed by employee requesting Leave:

Employee Name \_\_\_\_\_

Application Date \_\_\_\_\_

**Reason for Leave:**

- Medical – Self       Medical – Immediate Family       Birth/Adoption of child  
 Caring for Military service member       Pregnancy Disability Leave  
 Leave due to a qualifying exigency relating to military service

Expected date that leave begins: \_\_\_\_\_

Probable duration of leave: \_\_\_\_\_

Expected date that leave ends: \_\_\_\_\_

Leave will be:

- Continuous     Intermittent

If requesting intermittent leave, please provide any known information regarding the intermittent or reduced leave schedule you are requesting:

During my leave, I can be reached at:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

I understand that I will be required to provide a completed medical certification form within 15 days of submitting this request if the leave is for my own serious medical condition, to care for a qualified family member with a serious health condition, or to care for a family member who is a service member or veteran with a serious injury or illness incurred or aggravated in the line of duty while on active duty in the Armed Forces.

I also understand that I will be required to provide a completed medical certification form prior to the date my leave is scheduled to begin if this leave request is for a disability due to pregnancy, childbirth, or related medical condition.

I also understand that if I am requesting leave because of a qualifying exigency, I will be required to provide a completed certification within 15 days verifying that a covered family member has been called to active duty in a foreign country.

Please refer to the Family Leave Policy in Unger Construction Co.'s employee handbook for more information.

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Employee's Signature

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Date

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Human Resources

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Date