

# Belmont University

## Request for Family or Medical Leave

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Does your spouse work for Belmont University?

Yes       No

Reason for taking leave (*check one*):

- To care for my child after birth or placement in adoption or foster care.
- To care for my spouse, child, or parent who has had a serious health condition.
- My own serious health condition makes me unable to perform at least one of the essential functions of my job.

**For leave to be taken all at once, rather than intermittently or on a reduced schedule:**

Date I want leave to start: \_\_\_\_\_

Date I expect to return to work: \_\_\_\_\_

**For leave to be taken intermittently or on a reduced schedule:**

Schedule of time needed off: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Intermittent or reduced-schedule leave for the birth or placement of a child must be approved by the supervisor.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_