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| Government of the District of Columbia  |

## Family and Medical Leave Application Form

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| Applicant Information |
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| Full Name: |  |  |  |
|  | Last | First | M.I. |
| Address: |  |  |  |
|  | Street Address |  | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |

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| Agency: |  |  Employee ID: |  |
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| Reason for Leave Request |
| Specify the reason for which you are seeking family or medical leave. Select **one** option. |
| Basis for leave |
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|[ ]  My personal health condition |[ ]  I am adopting a child |[ ]  I am caring for a family member |
|[ ]  Birth of my child |[ ]  I am assuming parental duties for a child |  |  |
|[ ]  Exigency Military Leave |[ ]  Military Caregiver Leave |  |  |

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| Leave Options |
| Total number of hours requested: \_\_\_\_\_\_\_\_ |

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| When will you be on leave (select all that apply)? |

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|[ ]  I plan to be on leave continuously from: |  |  |[ ]  I plan to use my leave intermittently from: |
| **Start Date:** | Click here to enter a date. |  |  | **Start Date:** | Click here to enter a date. |
| **Last Date:** | Click here to enter a date. |  |  | **Last Date** | Click here to enter a date. |

#### Type of Paid Leave

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| Will you be using paid leave for this request? If so, indicate the types of leave you will be using and the number of hours of each. You may select more than one type of paid leave. |
|[ ]  Annual \_\_\_\_\_\_\_\_\_\_ |[ ]  Sick \_\_\_\_\_\_\_\_\_\_ |[ ]  NONE |
|[ ]  Compensatory \_\_\_\_\_\_\_\_\_\_ |[ ]  Paid Family \_\_\_\_\_\_\_\_\_\_ |  |  |

***Note: For annual, sick, paid family, or compensatory leave you must complete a typical request for appropriate leave through PeopleSoft or, if applicable, an “Application for Leave” form (SF-71).***

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| Documentation Required |
| You may be required to provide documentation in support of this application. Below are the types of documentation that are generally required. However, you are required to provide any additional records needed to support your application. |

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| **If you are requesting …** | **You must provide …** |
| Medical leave for a personal health condition | Certificate of Health Care Provider for Employee’s Serious Health Condition (DOL-WH-380-E) |
| Birth of your child | Medical certification of anticipated birth or birth certificate |
| Adoption of a child or other legal placement | Certified court order(s) of placement |
| Assumption of parental duties for a child | Official records of parental responsibilities (such as school parental designation) |
| Caring for a family member | Certificate of Health Care Provider for Family Member’s Serious Health Condition (DOL-WH-380-F) |
| Exigency Military Leave | Certification of Qualifying Exigency for Military Family Leave (DOL-WH-384) |
| Military Caregiver Leave | Certification of Serious Injury or Illness of Current Service member – Military Family Leave (DOL-WH-385) – OR |
|  | Certification of Serious Injury or Illness of a Veteran for Military Caregiver Leave (DOL-WH-385-V) |

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| Employee Certification |
| I certify that the information provided in this document is true and accurate and that I am eligible for leave programs for which I have applied. In addition, I understand that the making of a false statement on this document is a violation of law and subject to criminal penalties. |
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| Employee Signature | Date |

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| Agency Acknowledgment |
| Your agency Family and Medical Coordinator must sign below acknowledging your request for Family and Medical Leave. Their signature does not constitute an approval of this application. |

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| Agency Family and Medical Leave Coordinator | Date |