

Government of the District of Columbia



Family and Medical Leave Application Form

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Agency: _____ Employee ID: _____

Reason for Leave Request

Specify the reason for which you are seeking family or medical leave. Select **one** option.

Basis for leave

- 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

Leave Options

Total number of hours requested: _____

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

- | | |
|---|--|
| <input type="checkbox"/> I plan to be on leave continuously from: | <input type="checkbox"/> I plan to use my leave intermittently from: |
| Start Date: | Start Date: |
| Last Date: | Last Date: |

Type of Paid Leave

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).

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.

If you are requesting ...

Medical leave for a personal health condition
Birth of your child
Adoption of a child or other legal placement
Assumption of parental duties for a child
Caring for a family member
Exigency Military Leave
Military Caregiver Leave

You must provide ...

Certificate of Health Care Provider for Employee's Serious Health Condition (DOL-WH-380-E)
Medical certification of anticipated birth or birth certificate
Certified court order(s) of placement
Official records of parental responsibilities (such as school parental designation)
Certificate of Health Care Provider for Family Member's Serious Health Condition (DOL-WH-380-F)
Certification of Qualifying Exigency for Military Family Leave (DOL-WH-384)
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)

Employee Certification

I certify that the information provide 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.

Employee Signature

Date

Agency Acknowledgment

Your agency medical and family leave coordinator must sign below acknowledging your request for Family and Medical Leave. Their signature does not constitute an approval of this application.

Agency Signature

Date