



**DELTA COMMUNITY ACTION FOUNDATION, INC.**

308 SW 2<sup>nd</sup> Street  
Lindsay, OK 73052  
Tel: (405) 756-1100 Fax: (405) 756-1104

*Karen Nichols  
Executive Director*

**FMLA**

**REQUEST FOR FAMILY & MEDICAL LEAVE OF ABSENCE**

*(CONFIDENTIAL)*

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

Hire Date: \_\_\_\_\_ Department: \_\_\_\_\_

**LEAVE REQUESTED**

- \_\_\_\_\_ *Employee Medical Leave of Absence*
- \_\_\_\_\_ *Leave to Care For Newborn or Adopted Child or a Child Place for Foster Care (via state procedures)*
- \_\_\_\_\_ *Extension of Employee Medical Leave of Absence*
- \_\_\_\_\_ *Date of Prior Approved Medical Leave are: \_\_\_\_\_ to \_\_\_\_\_*

The leave (or extension) requested will begin on \_\_\_\_\_ and end on \_\_\_\_\_. *If the request is for multiple days off for recurring medical treatments of a child, parent or spouse, or for your own medical treatments specify dates requested: \_\_\_\_\_.*

**TYPE OF LEAVE REQUESTED**

(check one)

I request a Family & Medical Leave of Absence for the following reason:

- \_\_\_\_\_ My personal serious health condition
- \_\_\_\_\_ Birth of my child
- \_\_\_\_\_ Adoption of a child by me
- \_\_\_\_\_ Placement (by the State) of a child with me for foster care
- \_\_\_\_\_ Serious health condition of my child
- \_\_\_\_\_ Serious health condition of my spouse
- \_\_\_\_\_ Serious health condition of my parent
- \_\_\_\_\_ Qualifying Exigency for Military Family Leave

As a Delta Community Action Foundation, Inc. Employee I understand this form is a request for FMLA only. The submission of this form does not officially grant FMLA leave. Additional forms must be requested from Human Resource, completed by the employee and the physician, then returned to Human Resource. Designation will be made by the Executive Director and/or Program Director, formal paperwork will be mailed to the employee with the requirements of FMLA status.

\_\_\_\_\_  
Employee Signature