

**CITY OF MARYVILLE  
FAMILY AND MEDICAL LEAVE APPLICATION**

I am requesting FMLA (Family and Medical Leave Act) leave. I understand that all requests must be approved.

I understand that if I am unable to apply, any extended leave that I take that qualifies for FMLA will be documented as such.

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Estimated Leave Date: \_\_\_\_\_ Estimated Return Date: \_\_\_\_\_ Total Time of Leave:\* \_\_\_\_\_

*\*You will be required to use accrued benefit time while on FMLA Leave.*

I am requesting FMLA leave for the following reason:

- birth of my child
- adoption of a child/foster care of a child
- my child's illness
- spouse or parent serious illness
- employee's serious health condition

Additional Comments (Optional)

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I understand the policy and procedures pertaining to this request. Please read the Family and Medical Leave Personnel Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form thirty days prior to the beginning of the anticipated leave or as soon as the need for the leave arises.**