



HAINES BOROUGH, ALASKA  
P.O. BOX 1209  
HAINES, AK 99827  
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**F M L A NOTICE OR REQUEST**  
**(FAMILY MEDICAL LEAVE ACT)**

EMPLOYER NOTICE TO EMPLOYEE OF FMLA DESIGNATION

DATE \_\_\_\_\_

EMPLOYEE REQUEST FOR FMLA LEAVE

DATE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_

REASON FOR NOTICE OR REQUEST:

\_\_\_\_\_ THE BIRTH OF THE EMPLOYEE'S CHILD, OR THE PLACEMENT OF A CHILD WITH THE EMPLOYEE FOR ADOPTION OR FOSTER CARE;

\_\_\_\_\_ A SERIOUS HEALTH CONDITION THAT MAKES EMPLOYEE UNABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF HIS OR HER JOB;

\_\_\_\_\_ A SERIOUS CONDITION FOR WHICH THE EMPLOYEE IS NEEDED TO PROVIDE CARE, AFFECTING THE EMPLOYEE'S:

SPOUSE

CHILD

PARENT

\_\_\_\_\_ EMPLOYEE IS ELIGIBLE, NOTICE/REQUEST FOR FMLA LEAVE IS PROVISIONALLY GRANTED EXPECTED DATES OF LEAVE \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ EMPLOYEE IS NOT ELIGIBLE, REQUEST FOR FMLA LEAVE IS DENIED. REASON FOR DENIAL \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_

MANAGER SIGNATURE \_\_\_\_\_