



City of Easthampton

Human Resources Department

City Municipal Building

50 Payson Avenue

Easthampton, MA 01027

Tel: 413-529-1466 Fax: 413-529-1488

Emily Russo

Director of Human Resources

REQUEST FOR FAMILY/MEDICAL LEAVE

Employee Name: _____

Date of Request: _____

Department: _____

Position Title: _____

Hire Date: _____

I request a Family/Medical Leave for the following reason (check one):

- A.** The birth of a child and in order to care for such child or placement of a child for adoption
- B.** In order to care for an immediate family member if such family member has a serious health condition. Circle one: CHILD - SPOUSE - PARENT (Must submit "Certification of Health Care Provider" within 15 days)
- C.** Employee's own serious health condition that makes the employee unable to perform the functions of his/her position. (Must submit "Certification of Health Care Provider" within 15 days)

Method of leave requested (check one):

- A.** Consecutive Leave
- B.** Intermittent or Reduced Leave Schedule

If "B" checked, specify schedule: _____

Date leave is to begin: _____

Expected duration of leave: _____

If the duration of my family/medical leave (total of paid and unpaid time) does not exceed 12 weeks, I will be returned to my same or equivalent position. I understand that if my family/medical leave should exceed 12 weeks I will be returned to my same or similar position, only if available, in accordance with applicable laws. If my same or similar position is not available, I understand I may be terminated subject to any collective bargaining rights.

Employee Signature