

TO BE COMPLETED BY EMPLOYEE

1. Name (First, Middle, Last).

2. Position.

3. Reason for requested leave:

A. Birth of a child.

B. Placement of a child with employee for adoption or foster care.

C. To care for spouse, child, or parent ("covered relation") with a serious health condition.

D. My own serious health condition which makes me unable to perform the functions of my position.

E. A qualifying exigency arising because my spouse, child, or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

F. To care for a Covered Servicemember with a serious health condition.

4. If "C", "E", or "F", please check one of the following:

5. Name and address of person indicated in #4.

Spouse

Child

Parent

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