

St. Louis County
Employee Request for Family and Medical Leave

Name _____ Department _____

EIN # _____ Work Phone _____ Home Phone _____

I request a family leave of absence for the reason indicated in the checked box:

- Because of my own serious health condition which makes me unable to perform the functions of my job (you must submit the Health Care Provider Certification form within 15 days).
- For the birth of my child and to care for the newborn child (anticipated delivery date: _____).
- For placement with me of a child for adoption or foster care.
- To care for my spouse, child or parent with a serious illness (you must submit the Health Care Provider Certification form within 15 days). Name and relationship: _____

My leave will be one of the following:

- Consecutive leave beginning on _____ and continuing to _____
- Intermittent or reduced schedule beginning on _____ and continuing to _____
According to the following schedule: _____

Notation: If your leave is approved as Family Medical Leave, St. Louis County will continue to pay for your health benefits during the approved leave at the same level as before the leave. Any contributions you make to insurances (supplemental life, short term disability, long term disability or contributions to your health care coverage) must be continued while on the leave if they are to be maintained. These will continue to be made through payroll deductions as long as you are in pay status. If you use all your paid leave, you will be responsible for making the premium payments that are normally deducted from your wages. Your coverage may be dropped if payment is more than 30 days late.

Accrued Paid Leave:

I will be using accrued paid leave during this absence, including sick, vacation and/or paid time off leave as allowed under County policy, until all paid leave is used. Then, after I have exhausted my accrued leave, my absence will be without pay.

I understand that if I am requesting leave to care for a family member with a serious health condition any accumulated paid time off and sick time will be used before receiving any unpaid leave.

Employee's Signature

Date

Departmental Approval

The Appointing Authority must evaluate this request. If recommending approval, sign below, return a signed copy to the employee, and forward the original to your department's payroll clerk.

Appointing Authority

Date