

**City of Lathrop FMLA
REQUEST FOR FAMILY AND MEDICAL LEAVE**

Employee Name: _____ EID: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____ Other Phone: _____
Department Contact: _____ Office Phone: _____

Family and Medical Leave: *Family and Medical Leave may be used for the following circumstances (check appropriate box):*

- ☐ **Birth and Care of your child or a child for whom you stand in *loco parentis*.** *
- ☐ **Adoption or Foster Care placement of your child or a child for whom you stand in *loco parentis*.***
☐ My child is either under age 18, or age 18 or older and “incapable of self-care because of mental or physical disability.” Age of Child: _____
- ☐ **Serious health condition**
☐ My own
☐ My spouse
☐ My parent *
☐ My child, who is either under age 18, or age 18 or older and “incapable of self-care because of mental or physical disability.” Age of Child: _____
- ☐ **Military Caregiver Leave***
☐ I am the Spouse of the Service Member
☐ I am the Parent or stand in *loco parentis* of the Service Member
☐ I am the Son or Daughter of the Service Member
☐ I am the Next of Kin of the Service Member
- ☐ **Qualifying Exigency Leave**

* My Spouse is ☐, is not ☐, currently employed by City of Lathrop. The FMLA provides that spouses employed by the same employer are eligible for a combined allotment of leave for the categories (*) marked.

NOTE: A leave request based on the birth of a child, an employee's serious health condition, or the serious health condition of an employee's spouse, child or parent must be accompanied by a Certification of Health Care Provider Form. If the City has reason to doubt the validity of the certification, it will require the employee to obtain a second certification by a Health Care Provider designated or approved by the City. If the second certification differs from the first, the certification of a third Health Care Provider, jointly approved by the employee and the City, may be required and will be considered final and binding. Both the second and third certifications are at the City's expense.

To take Military Caregiver Leave, the medical certification provided by the military is sufficient.

FML is unpaid leave and, therefore, employees are required to use their available paid leave in conjunction with FML. If the employee exhausts their paid leave, then the employee will be placed on FML leave without pay status. This may affect other benefits. For more information, please contact 209-941-7350.

Employee Signature: _____ Date: _____

To Be Completed By Patient:

I authorize my licensed practitioner to release the completed Certification of Health Care Provider form to the administrator of the Family and Medical Leave Act at the City of Lathrop.

Patient Name: _____

Patient Signature: _____ Date: _____