

TOWN OF GLASTONBURY
EMPLOYEE REQUEST FOR FAMILY OR MEDICAL LEAVE

TO: Human Resources Department

FROM:

DATE:

SUBJECT: Request for Family/Medical Leave

This is to notify you of my need to take family/medical leave due to (check appropriate box):

- The birth of my child, or the placement of a child with me for adoption or foster care; or
- A serious health condition that makes me unable to perform the essential functions of my job; or
- A serious condition affecting my Spouse Child Parent, for which I am a primary caregiver.
- A qualifying exigency arising out of the fact that my Spouse Child 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.
- Because I am the Spouse Child Parent next of kin of a covered service member with a serious injury or illness.

I will need leave beginning on or about _____ and will continue until on or about _____.

I have been employed Full-time Part-time by the Town of Glastonbury for _____ year(s).

Employee Signature

Date