

## Diocese of Des Moines FMLA Request Form

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I request a leave pursuant to the Family and Medical Leave Act of 1993 ("FMLA") for the following reason (check one).

- Birth of, or to care for a newborn child  
Child's date of birth \_\_\_\_\_
- Care for a foster child  
Date of foster child's placement with me \_\_\_\_\_
- Care for my spouse, child or parent with a serious health condition
- Due to my own serious health condition
- For qualifying exigencies arising out of the fact that my spouse, son, daughter, or parent is on active duty or called to active duty status as a member of the Armed Forces, National Guard or Reserves in support of a contingency operation and the service member is deployed to a foreign country.
- Military caregiver leave to be taken for veterans (spouse, son, daughter, or parent) who receive medical treatment, recuperation, or therapy for an injury within 5 years of the date of the veteran's separation from service.
- Military caregiver leave for my spouse, son, daughter or parent who experiences existing or preexisting injuries that are aggravated in the line of duty during active duty service.

I would like a FMLA leave of \_\_\_ weeks (12 maximum for eligible employees) to be taken

consecutively     intermittently (check one).

If you are requesting an intermittent leave, please specify how you wish leave to be taken.

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I want my leave to begin on \_\_\_\_\_

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Employee's Name (please print)

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Employee's Signature

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Date

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Supervisor's Signature

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Date