



FIRE DEPARTMENT

CITY OF NEW YORK

Request for Medical Leave under the Family and Medical Leave Act

Employee's Name	Employee's Title
Name of Bureau	Employee's Salary
Work Location	Telephone Number (Home) (Work)

I am requesting leave for (check one):

- Care of seriously ill (check one):
 - Spouse/Domestic Partner (as defined in the New York City Administrative Code Section I-112(21))
 - Parent
 - Child
 - Check here if intermittent leave or a reduced leave schedule is being requested. Anticipated schedule:

- Employee's own serious health condition that makes the employee unable to perform the employee's job functions.
 - Check here if intermittent leave or a reduced leave schedule is being requested. Anticipated schedule:

Note: All requests for leave under the Family and Medical Leave Act require appropriate documentation (see the attached certification form).

Date of commencement of leave _____

Probable date of return to work _____

Note: Employees who have worked for the City of New York for at least 12 months, and who have worked 1250 hours in the last 12 months, are entitled to a total of 12 weeks of Family and Medical Leave per year.

Employee's Signature

Date