# ORANGE COUNTY GOVERNMENT
# FAMILY and MEDICAL LEAVE (FML) REQUEST
# EMPLOYEE CERTIFICATION – PART 1

**** ALL ITEMS ON THIS FORM MUST BE COMPLETED ****

**PLEASE SUBMIT FORM TO HUMAN RESOURCES**

**Name:**_____ **Date of Hire:**_____ **Employee ID#:** _____

**Supervisor:**_____ **Department:**_____ **Division:**_____

**Home/Mailing Address:**_____ **Apt #:** _____

**City:**_____ **State:**_____ **Zip Code:**_____ **County Email*:** _____

**Personal Email (optional):** _____ **Home/Cell Phone:** _____

**Requested Start Date of Leave:** _____ **Expected Leave End Date:** _____

**Shift (if applicable):** ◯ A ◯ B ◯ C

*Any communication concerning your FML request will be sent to your County Email address.

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**FML Frequency**

◯ Intermittent ◯ Consecutive ◯ Reduced Work Week

**FML Qualifying Event**

◯ Self ◯ Care of Child ◯ Care of Parent
◯ Self - Worker's Compensation ◯ Care of Spouse

◯ Birth/Adoption/Foster Care

**If leave is for *Birth/Adoption/Foster Care* – Complete the following:**

**Is your spouse employed by Orange County?** ◯ **N/A** ◯ **No** ◯ **Yes** (if yes, please answer the following):

**Does your spouse plan to use the Family and Medical Leave Policy for this qualifying event?**

◯ **No** ◯ **Yes: Spouse's Name:**_____ **Spouse's Dept/Division:** _____

**Military FML**

◯ Exigency ◯ Caregiver

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**Have you used the Family and Medical Leave Policy in another Orange County division within the last 12 months?**

◯ **No** ◯ **Yes** (provide name of previous division and dates of leave):_____

**If leave is *NOT* for self – Complete the following:**

**Name of Family Member:** _____ **Relationship to Employee:**_____ **Age (if child)** _____

I have read and understand Orange County's Family and Medical Leave (FML) Policy - Orange County Policy Manual, Section 304. By signing this request form, I certify that the information provided is true and correct. If information concerning my qualifying event changes, I will contact the appropriate authority within my division.

I understand that a failure to return to work at the end of my FML period may be treated as a termination unless a Leave of Absence has been agreed upon and approved in writing by Orange County.

_____ _____

**Employee Signature** **Date**

Revised 11/2022

Submit