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.

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

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**