



**Carbon County HR  
FMLA Information/Request Packet**

I hereby certify that I have received the following documents from the HR Department. It is my responsibility to read thoroughly and complete all forms. I am responsible for asking questions if I do not understand. The forms enclosed are:

1. Carbon County Notice of Intention to Return from Leave
2. FMLA Leave Request Form
3. DOL form – Notice of Eligibility and Rights and Responsibility
4. DOL form – Certification from y Health Care Provider
5. Checklist from Carbon County explaining the FMLA guidelines
6. Copy of Carbon County Policies and Procedures regarding FMLA
7. DOL Fact Sheet on FMLS
8. Designation Notice (County’s answer to FMLA request)

I also understand I need to completely fill out the information that is requested of me and that my FMLA cannot be processed until the following documents are returned to the HR department:

1. Carbon County Notice of Intention to Return from Leave – signed by your supervisor
2. Certification from my Health Care Provider

I hereby acknowledge that I have received this packet:

\_\_\_\_\_

\_\_\_\_\_

Date

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\_\_\_\_\_

\_\_\_\_\_.

Date

## FMLA LEAVE REQUEST FORM

(The following request is to be completed and returned to the Human Resource Office)

### EMPLOYEE REQUEST

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee's Department

\_\_\_\_\_  
Date

#### **Request for Full-Time Leave**

I request a leave of absence from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) for the following reason:

The birth of a child, or placement of a child for adoption or foster care;

Your own serious health condition

Because you are needed to care for your \_\_\_ spouse; \_\_\_ child; \_\_\_ parent due to his/her serious health condition

Because of a qualifying exigency arising out of the fact that your \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on covered active duty or call to covered active duty status with the Armed Forces.

Because you are \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness

#### **Request for Intermittent or Reduced-Schedule Leave**

I request intermittent leave or reduced-schedule leave at the following times:

Schedule: \_\_\_\_\_

Reason: \_\_\_\_\_

#### **Substitution of Paid Leave**

I request to use (check all that applies):

Paid Vacation/Holovac  Sick Hours  Compensatory Time

**Location during Leave: I can be reached at the following address and phone number during my leave:**

\_\_\_\_\_  
Employee Signature



**CARBON COUNTY HUMAN RESOURCES  
FMLA NOTICE OF INTENTION TO RETURN FROM LEAVE**

Name \_\_\_\_\_

Supervisor \_\_\_\_\_

Date Leave Initiated \_\_\_\_\_

Date of Intended Return \_\_\_\_\_

I understand that my restoration to employment is subject to the following conditions:

1. As a condition of restoration, each employee must provide a written certification from his/her health care provider that the employee is able to resume working.
2. Every attempt will be made to restore an employee returning from leave to his/her original position. If the employee's original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.
3. An employee returning from family and medical leave shall not be entitled to the accrual of any seniority or employment benefits during the period of unpaid leave.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**HEALTH CARE PROVIDER RELEASE**

I have examined the above listed employee and certify that he/she is completely capable to resume working.

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date