



SEDGWICK COUNTY FAMILY & MEDICAL LEAVE (FML) REQUEST FOR LEAVE FORM

Return form electronically by clicking the **SUBMIT** button on the second page. **OR**
Print, Complete and Email to: FMLA@sedgwick.gov OR Fax to: 316-941-5132

This form requires a digital signature.

Click on the red arrow to create your Digital ID and sign before submitting.

TO BE COMPLETED BY EMPLOYEE

Employee Name _____ EE-ID# _____ Work# _____
First Middle Last

Home Address _____
Mailing/Street Address City State Zip

Department/Division: _____ Date of Hire: _____

Personal Email _____ Cell Phone #: _____
(Please provide a non-County email address you can access while on FML)

I am requesting: **INTERMITTENT FML** (unscheduled episodes/appointments or treatments)
Intermittent requests are valid for six (6) months. Requests must be submitted at least 30 days in advance of scheduled treatments.
CONTINUOUS FML (consecutive day absences - pre-scheduled or emergency medical situation)

I am seeking Family & Medical Leave for:

My own serious health condition. My pregnancy: EDD _____.

Baby bonding leave with my child following the birth or beginning on _____.

The placement of a child with me for adoption or foster care beginning on _____.

My qualified family member: Legally-recognized spouse Biological parent or the parent that raised me.
Child under 18 Child over 18 - documentation required

My family member for whom I have legal responsibility for their care (*in loco parentis*) - documentation required.

A qualifying exigency arising out of the fact that my spouse; child; parent is on active duty or called to active duty OVERSEAS in support of a contingency operation as a member of the National Guard or Reserves.

I am the legally-recognized spouse; son/daughter; parent; next of kin of a covered service member with a serious injury or illness that occurred while serving in the Armed Forces on active duty.

I am providing care for a U.S. Veteran.* Please list your relationship: _____

No biological or legal relationship is necessary. "Next of kin" is the veteran's nearest blood relative, other than the spouse, parent, son, or daughter, in the following order of priority: (1) a blood relative as designated in writing by the veteran for purposes of FMLA leave, (2) blood relatives granted legal custody of the veteran, (3) brothers and sisters, (4) grandparents, (5) aunts and uncles, and (6) first cousins.

Expected leave begin date: _____ (Start date cannot be backdated more than 30 days.)

Expected return to work date: _____ **Return to Work Form required for Continuous FML**

I understand that the Division of Human Resources has up to five (5) business days to respond to my request.

Employee Signature _____ Date _____