



Return completed form to:
HR/LR Office – Attn: Shelly
1135 Smith Road
Temperance, MI 48182
Shelly.haise@mybedford.us
Phone: 734-850-6022
Fax: 734-850-6099

Family and Medical Leave Act (FMLA) Request Form

The following request is to be completed by the employee requesting leave and returned to the HR/LR Office. Notification of eligibility will be sent to employee within five (5) days of receipt.

Name: _____ Today's Date: _____

Location: _____ Position: _____

Reason For Leave

- The birth of a child, or placement of a child with you 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 the spouse; son or daughter; parent; next of kin of a covered servicemember with a serious injury or illness.

Anticipated Start and Return Date of Leave

Start Date: _____ Return Date: _____

Below for HR/LR Office Use Only

Received By: _____ Today's Date: _____