



Prince George's County Government FML/FMLA Request Form

Family and Medical Leave Request Form

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Agency: _____ Employee ID: _____

Reason for Leave Request

Specify the reason for which you are seeking family or medical leave. Select **one** option.

Basis for leave:

- | | | |
|---|--|--|
| <input type="checkbox"/> My personal health condition | <input type="checkbox"/> I am adopting a child | <input type="checkbox"/> I am caring for a family member |
| <input type="checkbox"/> Birth of my child | <input type="checkbox"/> I am assuming parental duties for a child | Specify relationship:
_____ |
| <input type="checkbox"/> Exigency Military Leave | <input type="checkbox"/> Military Caregiver Leave | |

Leave Options

When will you be on leave (select all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> I plan to be on leave continuously from: | <input type="checkbox"/> I plan to use my leave intermittently from: |
| Start Date: Click here to enter a date. | Start Date: Click here to enter a date. |
| Last Date: Click here to enter a date. | Last Date: Click here to enter a date. |

Type of leave you will be using with your FML request:

Indicate the type(s) of leave you will be using and the number of hours of each. You may select more than one type of paid leave.

- | | | |
|---|--|--|
| <input type="checkbox"/> Annual _____ | <input type="checkbox"/> Sick _____ | <input type="checkbox"/> NONE |
| <input type="checkbox"/> Compensatory _____ | <input type="checkbox"/> Paid Parental _____ | <input type="checkbox"/> Donated Leave _____ |

Total number of hours requested: _____

Documentation Required

You may be required to provide documentation in support of this application. Below are links to the types of documentation that are generally required. However, you may be required to provide any additional records needed to support your family and medical leave request.

If you are requesting ...

Medical leave for a personal health condition
Birth of your child
Adoption of a child or other legal placement
Assumption of parental duties for a child
Caring for a family member
Exigency Military Leave
Military Caregiver Leave

You must provide ...

Certificate of Health Care Provider for Employee's Serious Health Condition ([DOL-WH-380-E](#))
Medical certification of anticipated birth or birth certificate
Certified court order(s) of placement
Official records of parental responsibilities (such as school parental designation)
Certificate of Health Care Provider for Family Member's Serious Health Condition ([DOL-WH-380-F](#))
Certification of Qualifying Exigency for Military Family Leave ([DOL-WH-384](#))
Certification of Serious Injury or Illness of Current Service member – Military Family Leave ([DOL-WH-385](#)) – OR
Certification of Serious Injury or Illness of a Veteran for Military Caregiver Leave ([DOL-WH-385-V](#))

Note: Right click on link and select "Open Hyperlink" to view the appropriate fillable certification form.

Employee Certification

I certify that the information provided in this document is true and accurate and that I am eligible for leave programs for which I have applied. In addition, I understand that the making of a false statement on this document is a violation of law and subject to criminal penalties. I also understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by my Appointing Authority. Further, I understand that at the discretion of the County, I may be subject to a fitness for duty examination before being permitted to return to work.

Employee Signature

Date

Agency Acknowledgment

Your Appointing Authority must sign below acknowledging your request for Family and Medical Leave. This signature does not constitute an approval of this application, as the Office of Human Resources Management has final approval of all family and medical leave requests.

Appointing Authority

Date

Director of Human Resources Management

Date