



**City of Tacoma**  
**FMLA LEAVE OF ABSENCE FORM**  
**FOR MATERNITY LEAVE ONLY**  
*(To be completed by the employee)*

**EMPLOYEE INFORMATION (Please Print)**

Employee Name \_\_\_\_\_ Employee Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, Zip \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Department/Division: \_\_\_\_\_  
Immediate Supervisor's Name: \_\_\_\_\_

**REQUEST FOR LEAVE**

- Employee Medical** – Leave due to employee's own serious health condition
- Parental** – Leave to care for a child born to or placed for adoption or foster care with employee

Anticipated date of birth or placement \_\_\_\_\_

- Continuous Leave Request (WFLA)** From: \_\_\_\_\_ to \_\_\_\_\_  
*Pregnancy Disability*
- Continuous Leave Request (FMLA)** From: \_\_\_\_\_ to \_\_\_\_\_  
*Bonding*
- Intermittent Leave Request** From: \_\_\_\_\_ to \_\_\_\_\_

Please read the documents attached to this form for additional instructions. For additional information about your FMLA rights and responsibilities, please contact the Human Resources at 253-591-5452 or refer to <http://www.dol.gov/whd/fmla/>

I understand that my leave may be delayed or denied if the Medical Certification Form, provided herewith, is not returned in accordance with the instructions set forth herein. I understand that in the case of my own serious health condition, when on continuous FMLA, **I will not be permitted to resume my position with the City of Tacoma until I provide a Fit-for-Duty notice.**

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*



To request this information in an alternative format, please contact Human Resources at 253-591-5452 or Washington Relay 711.