City of Tacoma
Human Resources Department

Leave of Absence Form
Family and Medical Leave Act

Section I: Employee Information (please print)

Employee Name: _____ Employee Number: _____

Mailing Address: _____ Home Phone: _____

Please select how you would like to receive information from the Disability and Leave Management (DLM) Office:

☐ Mail (address noted above) ☐ Personal Email (insert email address): _____

Section II: Reason for Leave

☐ **Employee Medical**- Leave due to employee's own serious health condition.

☐ **Parental** - Leave due to care for a child born to or placed for adoption or foster care with employee**.** Provide anticipated date of birth or placement:

☐ **Family Care** – Leave to care for employee's family member with a serious health condition. Provide family member's name and relationship to employee:

☐ **Injured Service member**- Leave to care for a service member due to an injury or illness incurred in the line of duty while on active duty in the Armed Forces. Provide family member's name and relationship to employee:

☐ **Qualifying Exigency**- Leave that arises due a family member's call to active duty or notification of an impending call to active duty in the armed forces in support of contingency operation. Provide family member's name and relationship to employee:

Section III: Duration of Leave (Select the appropriate box(es), and include the anticipated duration of requested leave)

☐ Continuous Leave	☐ Intermittent Leave
From: To:	From: To:

Section IV: Signature (Please read the documents attached to this form for additional instructions)

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 need to provide a medical release from a medical provider to the DLM office before returning to work.**

_____ _____
Signature of Employee Date

Section V: Routing Please send completed forms to:

Disability and Leave Mgt. Office, City of Tacoma Human Resources Department
747 Market Street Room 1420 Tacoma, WA 98402
Confidential Fax: (253) 591-5451 • Email Address: disabilityleavemgmt@cityoftacoma.org
To request this information in an alternative format please contact: (253) 591-5452.