

TO BE COMPLETED BY EMPLOYEE

1. Name (First, Middle, Last).
2. Position.
3. Reason for requested leave:
 - A. Birth of a child.
 - B. Placement of a child with employee for adoption or foster care.
 - C. To care for spouse, child, or parent ("covered relation") with a serious health condition.
 - D. My own serious health condition which makes me unable to perform the functions of my position.
 - E. A qualifying exigency arising because my spouse, child, or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
 - F. To care for a Covered Servicemember with a serious health condition.
4. If "C", "E", or "F", please check one of the following: 5. Name and address of person indicated in #4.
Spouse Child Parent

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