

FMLA LEAVE REQUEST FORM

Date: _____

Employee Name: _____ **ID#:** _____

Department: _____ **Position title:** _____

Supervisor: _____ **Work schedule:** _____

Leave for: EMPLOYEE / FAMILY MEMBER _____

Leave begin date: _____ **Last day worked:** _____

Leave estimated end date: _____

Pick up OR Mail paperwork? **Date to pick up** _____

Mailing Address: _____

Phone #: _____

Email: _____

Notes: _____

Date Mailed: _____

Mailed by: _____

Return form to:
Angie Arnold - Benefits Coordinator
aarnold@dekalbcounty.org / 815-895-7129 (fax)