



## FMLA LEAVE REQUEST FORM

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Department: \_\_\_\_\_ Position title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Work schedule: \_\_\_\_\_

Leave for: Employee or Family member / Family member relationship \_\_\_\_\_

Leave begin date: \_\_\_\_\_ Estimated leave end date: \_\_\_\_\_

Last date worked: \_\_\_\_\_

Pick up / Mail paperwork? Date to pick up \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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Office use only

Date Mailed: \_\_\_\_\_

Mailed by: \_\_\_\_\_

TCP codes added by: \_\_\_\_\_

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