

APPLICATION FOR FAMILY LEAVE

F7

Employee Name _____

Social Security Number _____

Agency _____

Agency Address _____

Regular Hours worked Per Week _____

Home Address _____

Home Phone (____) _____

Work Phone(____) _____

Purpose of Family Leave _____

Attach **REQUIRED** supporting documentation.

Anticipated duration of leave from _____ to _____
for a total of _____ work days.

In requesting family leave, I certify that all information on this application is true and that I will abide by the regulations governing family leave.

Employee Signature

Date

FOR AGENCY USE ONLY:

Family Leave Approved _____ For Dates _____ to _____

Family Leave Denied _____

Family Leave Balance as of this date _____

Family Leave Designation Letter sent _____
Date

SIGNATURE OF APPOINTING AUTHORITY
OR DESIGNEE

DATE