

BOSTON COLLEGE – BENEFITS OFFICE

**Employee Request for Leave
Under the Family and Medical Leave Act**

Employee Name (print): _____ **Eagle ID:** _ _ _ _ - _ _ _ _

Department: _____ **Dept. Address:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Does your spouse work at B.C. ?** ___ Yes ___ No

Reason for requesting leave: *(Check one)*

___ The birth of my newborn child **or** ___ placement of a child for adoption or foster care.

[Date of my child's birth or placement _____]

___ To care for my spouse, child, or parent who has a serious health condition.

___ My own serious health condition that makes me unable to perform at least one of the essential functions of my job.

___ To care for my spouse, child, parent, or next of kin who is a covered service-member with a serious injury or illness.

___ A qualifying exigency because my spouse, child, or parent is on active duty or call to active duty status for a contingency operation as a member of the National Guard or Reserves.

Please complete the following if leave will be taken continually for the entire period.

Expected start of leave: _____ Expected date of return to work: _____

Please complete the following if leave will be taken intermittently.

Schedule of needed time off: _____

Comments: _____

Employee signature: _____ Ext. _____ Date: _____

Supervisor signature: _____ Ext. _____ Date: _____

Note: *You must seek approval from your department for intermittent or reduced-schedule leave for the birth or placement of a child for adoption or foster care.*

[Forward completed form to the Benefits Office, Room 140, 129 Lake Street]