



Boston College Benefits Office

PFML – FMLA Request for Leave Form

The form must be completed by the employee and signed by a supervisor. Once complete, send a copy to the Benefits Office (benefits@bc.edu).

Employee Name (print): _____ Eagle ID: _____
First 8 digits on Eagle One card

Department: _____ Email or Home Phone: _____

Reason for Leave

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

Expected date of birth or placement: _____

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

To care for a family member with a serious health condition. Family relationship: _____

To care for a family member who is a covered military service member with a serious injury or illness.

Family relationship: _____

A qualifying exigency because a family member is on active duty or call to active duty status for a contingency operation as a member of the National Guard or Reserves. Family relationship: _____

Leave Information

Expected start date: _____ Expected return date: _____

How will the leave be taken? Continuously or Intermittently

Please complete the following if the leave will be taken intermittently and/or if PFML will be utilized. Include how leave will be paid, if applicable, i.e., sick, vacation, PFML. Intermittent or reduced-schedule leave must be approved by the department and the Benefits Office.

Schedule of needed time off:

Additional Comments

Employee Signature: _____ Date: _____

Department Signature: _____ Date: _____