

**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]**