STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
DIVISION OF HUMAN RESOURCE MANAGEMENT

FMLA LEAVE OF ABSENCE FORM

Part A. Employee Information

Employee's Name _____ Employee ID# _____
(Last) (First) (MI)

Address: _____

Email Address: _____ Position Control #: _____

Class Title: _____ Full-Time ☐ Part-Time ☐

Budget Account #: _____ Agency: _____

Part B. Leave Dates (Continuous or Intermittent)

Estimated Leave Start Date: _____ Estimated Date of Return: _____

☐ Leave is requested on an intermittent or reduced leave schedule. Indicate the days of the week and/or hours during the day you will be absent:

☐ Anticipate using short or long-term disability benefit during leave.

Part C. Reason for Leave

☐ Leave for my own serious health condition (briefly describe):

☐ Leave for the birth of a child or placement of a child for adoption or foster care. Indicate the expected date of birth or placement: _____
(Date)

Spouse is employed by the State of Nevada: ☐ Yes ☐ No

☐ Leave to care for family member with a serious health condition. Specify the family member's name and relationship to you: _____ _____
(Name) (Relationship to you)

☐ Leave because of a qualifying exigency arising out of the fact that your ☐ Spouse ☐ Son/Daughter ☐ Parent is on covered active duty or a call to covered active duty status with the

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Armed Forces. Specify the covered military member's name: _____

☐ Leave to care for a ☐ Spouse ☐ Son/Daughter ☐ Parent ☐ next of kin covered servicemember with a serious injury or illness. Specify the covered servicemember's name:

_____

☐ Current Servicemember?

Part D. Documentation

☐ Certification form is attached. (Form WH-380-E, WH-380-F, WH-384, WH-385, WH-385-V)

☐ Documentation to establish required relationship between employee and covered individual (if applicable) is attached.

_____ _____

(Signature of Employee or Designee) (Date)

(If employee is not available to sign request, note verbal conversation above. Include date of the conversation and the signature of the person who completed the form.)