

**VILLAGE OF BLOOMINGDALE**  
**Request for Family or Medical Leave**

**Employee Name:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Date of Hire:** \_\_\_\_\_  
**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Type of Leave Requested**  
(Check one box)

- Employee Medical Leave of Absence
- Extension of Employee Medical Leave of Absence  
Dates taken for previously approved Medical Leave:  
\_\_\_\_\_ To \_\_\_\_\_
- Family Member Medical Leave of Absence
- Extension of Employee Family Member Medical Leave of Absence  
Dates taken for previously approved Employee Family Medical Leave:  
\_\_\_\_\_ To \_\_\_\_\_
- Leave to care for newborn or adopted child/child placed for adoption<sup>1</sup>
- Family Military Exigency Leave
- Family Military Care Giver Leave  
Dates taken for previously approved Employee Family Military Leave:  
\_\_\_\_\_ To \_\_\_\_\_

The Leave (or extension) is requested to begin on \_\_\_\_\_ and end on \_\_\_\_\_.

If the request is for an intermittent leave, the dates and/or times of the leave are as follows:

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** A leave or extension of leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician within 15 days of application for leave. Failure to provide when requested may result in a delay or denial of the requested leave. In addition, failure to provide the requested certification within 15 days of the request may result in a termination of employment. Failure to return to work at the end of an approved leave period will be treated as a resignation unless an extension to the leave has been agreed upon and approved in writing by the Village.

\_\_\_\_\_  
Employee Signature Date

Approved by:

\_\_\_\_\_ Title: \_\_\_\_\_

<sup>1</sup> If both parents of the newborn or adopted child are employed by the Village, the total family leave time available for care of the child is 12 weeks in a designated 12 month period for both parents combined.

**Return Completed Form to the Human Resources Director.**