



City of Oak Harbor Family and Medical Leave Request

Send to Human Resources

Date: _____

Please Note: Request for Family or Medical Leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin. Please return this completed form to Human Resources.

Employee Name: _____ **Title/Position:** _____ **Department:** _____
Status: Full Time Part Time and Regular Contract

I request a family or medical leave for one or more of the following reasons:

<input type="checkbox"/> Because of the birth of my child and in order to care for him or her. <i>[FMLA Certification for Family (WH-380 F)]</i>	Expected date of birth: Actual date of birth: Expected start of leave date: Expected return date:
<input type="checkbox"/> Because of the placement of a child with me for adoption or foster care. <i>Submit certified legal record of placement when available.</i>	Date of Placement: Expected start of leave date: Expected return date:
<input type="checkbox"/> To care for my spouse, child, or parent, who has a serious health condition. <i>[FMLA Certification for Family (WH-380 F)]</i>	Expected start of leave date: Expected return date:
<input type="checkbox"/> For my own serious health condition. <i>[FMLA Certification for Self (WH-380 E)]</i>	Expected start of leave date: Expected return date:
<input type="checkbox"/> Proposed intermittent or reduced day schedule, if applicable. May be subject to supervisor or employer's approval. <i>[FMLA Certification for Self (WH-380 E)]</i>	Proposed Schedule:
<input type="checkbox"/> Because my <input type="checkbox"/> spouse; <input type="checkbox"/> son or daughter; <input type="checkbox"/> parent; <input type="checkbox"/> next of kin of a covered service member with a serious injury or illness. <i>[Certification for Serious Injury or Illness of Covered Servicemember (WH-385)]</i>	Expected start of leave date: Expected return date:
<input type="checkbox"/> Because of a qualifying exigency arising out of the fact my <input type="checkbox"/> spouse; <input type="checkbox"/> son or daughter; <input type="checkbox"/> parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves. <i>[Certification of Qualifying Exigency for Military Family Leave (WH-384)]</i>	Expected start of leave date: Expected return date:

Have you taken a family or medical leave in the past 12 months? Yes No
If yes, when and how many days? _ _

I understand and agree to the following:

- I have been employed at the City of Oak Harbor for at least 12 months.
- During the previous 12 months I have worked at least 1,250 hours.
- I am required to use my paid sick leave as part of my 12 weeks of leave entitlement when the leave is sick leave qualifying, I have the option of using available vacation leave in lieu of your sick leave (Police Department staff, sick leave usage is not required per CBA). I may be eligible for long term disability.
- After 12 weeks of leave, if I do not return to work or contact the City of Oak Harbor Human Resources Department or my manager on or before my expected date or return, the City assumes that I have abandoned my job.
- I may be required to provide medical certification supporting the need for leave due to a serious health condition affecting me or an immediate family member.

Employee Signature: _____ **Date:** _____