

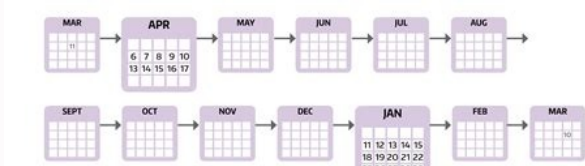
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Fmla calendar template

[illegible][illegible]

Select Month/Year

▼


April

▼

▼

2017

▼

 Print This!

Location

-- Include ANY Locations -- ▼

Classification

-- Include ALL Classifications -- ▼

Type

-- Include ALL Types -- ▼

Craft

-- Select ALL Crafts -- ▼

Assigned To

-- Include ALL Assignees -- ▼

PM Meeting Calendar for April 2017

View Legend

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2 ↓ (M) Storms-AHU-Quarterly	3 ↓ (M) ISU - AHU Quarterly Inspection (M) NE - Playground Inspection - Monthly (M) Fire Alarm Test-Monthly - All Locations (M) Elevators-Lincoln-Bi Annual ↓ (M) North Hall-RTUS-Quarterly ↓ (M) North Hall-RTUS-Quarterly ↓ (M) NW-RTUS-Quarterly (M) Monthly Pest Control-Ants ↓ (M) DHS - RTU - Quarterly Inspection ↓ (M) Beardshe Exst Sign Inspections-Monthly	4 ↓ (M) Curtis Exit Sign Inspection-Monthly (M) Curtis Hall Monthly Pest Control-Ants	5	6 ↓ (W) CCHS Checking Lightbulbs	7	8
9	10	11 ↓ (M) DHS -AHU - monthly inspection - June 2012	12	13	14	15 uA(M) NWE - Playground - Inspection - Monthly

The screenshot shows a PDF form titled "Employee FMLA Request" from "gradience". The form is open in Adobe Acrobat Professional. The "Reason for Requesting Leave" section is selected, displaying a list of reasons for FMLA leave. The form includes fields for employee information and a section for the reason for requesting leave.

Employee FMLA Request
Family Medical Leave Request Form

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to take up to 12 or 26 weeks of job-protected leave for certain family and medical reasons. Submit this request form to your human resources manager at least 30 days before the leave is to begin, when possible. When 30 days' advance submission of the request form is not possible, submit the request as soon as possible. Our Company reserves the right to deny or postpone leave if you do not give adequate notice when permitted under federal and/or state law.

Employee Information

Please print.

Name: _____ Employee ID #: _____

Department: _____ Job Title: _____

Today's Date: ____/____/____ Hire Date: ____/____/____ Supervisor: _____

Status: ☐ Full-Time ☐ Part-Time ☐ Temporary

Reason for Requesting Leave

I am requesting family medical leave for the following reason(s). Check all that apply.)

☐ Birth of my child, to care for my newborn child

☐ Placement of a child with me for _____ adoption _____ foster care

☐ Leave to care for a family member with a serious health condition

Relationship of family member to you: _____

☐ My own serious health condition

Is fmla work days or calendar days. How is fmla calculated on a rolling calendar. Fmla rolling calendar example. How does fmla work with holidays.

[illegible]

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