

**FMLA ALERT FORM**

**This form is to be completed by the employee's supervisor upon receipt of a leave request that may be FMLA-related or upon the fourth day of an absence of more than 3 consecutive days. Please submit completed form to Human Resources.**

**Employee Name:** \_\_\_\_\_ **Personnel #:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Time Administrator Name/Phone #:** \_\_\_\_\_

**Supervisor Phone#:** \_\_\_\_\_ **Office:** \_\_\_\_\_

**FMLA qualifying event:**

- Employee requesting leave due to his/her own serious health condition
- Employee absent for more than three consecutive days due to illness or injury
- Employee requesting leave to care for a family member with a serious health condition:

Name of family member \_\_\_\_\_

Relationship to employee \_\_\_\_\_

- Employee requesting leave related to a family member's/next of kin's military service

**Start date of anticipated leave:** \_\_\_\_\_**Expected return to work date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

HR Use Only: FMLA Quota Entered \_\_\_\_\_ By \_\_\_\_\_  
(Date) (Signature of HR Professional)