



Atrium Health

Employee's Request for Family or Medical Leave
(Complete form and return to Department Head)

Employee's name: _____ Today's date: _____

Address: _____ City: _____ State: _____ Zip: _____

Does your spouse work for Floyd Medical Center? Yes No

Reason for taking leave (*check one*):

- to care for my child after birth or the placement of a child with me in adoption or foster care;
- to care for my spouse, child, or parent who has a serious health condition; or
- my own serious health condition makes me unable to perform at least one of the essential functions of my job.

For leave to be taken all at once, rather than intermittently or on a reduced schedule:

Date I want leave to start: _____ Date I expect to return to work: _____

For leave to be taken intermittently or on a reduced schedule:

Schedule of time needed off: _____

Employee's signature: _____ Date: _____