

**Shelby County Government**  
**Employee Request for Family or Medical Leave**

Employee name:	_____		
Today's date:	_____		
Address:	_____		
City:	_____	_____	_____
State:	_____	Zipcode:	_____

Does your spouse work for Shelby County?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

**Reason for taking leave (*Check one*)**

- \_\_\_\_\_ for the birth and care of a newborn child of the employee;
  
- \_\_\_\_\_ for placement with the employee of a son or daughter for adoption or foster care or to care for a spouse, son, daughter, or parent with a serious health condition;
  
- \_\_\_\_\_ to take medical leave when the employee is unable to work because of a serious health condition;
  
- \_\_\_\_\_ for qualifying exigencies arising out of the fact that the employee's spouse, child, or parent is on active duty or called to active duty status as a member of the National Guard or Reserves in support of a contingency operation.

**Please complete the following section if leave will be taken continually for the entire period.**

Date when leave will start: \_\_\_\_\_

Anticipated date when I will return to work: \_\_\_\_\_

**Please complete the following section if leave will be taken intermittently.**

Schedule of needed time off: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_