

**CLACKAMAS COMMUNITY COLLEGE**

**TO:** Human Resource Office

**FROM:**

**DATE:**

**Subject:** REQUEST FOR FAMILY MEDICAL LEAVE (FMLA)

On \_\_\_\_\_, you notified Clackamas Community College of your need to take family medical leave due to:

- The birth of your child, or the placement of a child with you for adoption or foster care.
- Your own serious health condition or one affecting your  spouse,  child,  parent,  or parting-in-law, for which you are needed to provide care.
- An illness or injury that is not a serious health condition affecting your child for which you are needed to provide home care.

You notified us that you need this leave beginning on \_\_\_\_\_ and that you expect leave to continue until \_\_\_\_\_.

You have a right under the Family Medical Leave Act to take up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. You may use accrued vacation or sick leave for this purpose. You will be reinstated to an available, equivalent job with the same pay, benefits, terms, and conditions of employment on your return from leave.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Employee Signature