

HUMAN RESOURCES DEPARTMENT

CITY OF BURLINGTON

200 Church Street, Suite 102, Burlington, VT 05401

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PARENTAL, MEDICAL OR FAMILY LEAVE (FMLA/PFLA) REQUEST FORM

Please complete this form to request leave under the City of Burlington's Parental, Medical and Family Care Leave policy. When complete, submit the form to your Manager for review and signature. In addition, completion of a Medical certification by your doctor or the family member's doctor is required for all FMLA leave requests to be approved. Certification for leave related to qualifying exigency or to care for a Covered Service Member injured in active duty is also required. Please request a certification form from Lynn Reagan, lreagan@burlingtonvt.gov.

Name: _____ Date: _____

Department: _____ Date of Hire: _____

Start date of anticipated leave: _____ Expected Date of Return to work: _____

Reason to take a leave of absence is due to:

- The birth of my child or the placement of my adopted or foster child in my home.
- A serious health condition for which I need care.
- A serious health condition affecting my spouse, child, parent, for which I am needed to provide care.
- Qualifying exigency for a spouse, son, daughter or parent on active duty status in the National Guard or Reserves.
- A serious injury or illness sustained in the line of duty or while on active duty of a Covered Service member in the National Guard or Reserves
- Other: _____

I understand FMLA is an unpaid leave. I elect to use the following benefit time to supplement my pay check.

- I am an eligible AFSCME/Non-union employee and wish to use paid leave (select "City FMLA" in Kronos)

In lieu of unpaid leave under the FMLA I wish to use the following accrued benefit hours to cover my absence

- sick, vacation, personal time comp time other _____
- I wish to go unpaid and not use any accrued benefit time

If this leave also qualifies for the Short-Term Disability benefit of 75% (50% IBEW; BFA and BPOA not eligible for Short Term Disability) of your regular base pay, please note if you wish to use accrued benefit time during the ten (10) day waiting period and if you wish to be supplemented to 100% your pay.

I request:

Accrued sick, vacation, personal time comp time be used during the ten (10) day waiting period (for IBEW only)
Accrued sick, vacation, personal time comp time be used to supplement my pay to 100%.

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____

This form contains medical-related information and must be maintained in files separate from employee personnel files.