

**CITY OF NEW HAVEN  
APPLICATION FOR FAMILY AND MEDICAL LEAVE**

**I. TO BE COMPLETED BY EMPLOYEE:**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Office Phone # \_\_\_\_\_

Department Employed \_\_\_\_\_ Union Affiliation \_\_\_\_\_

Job Title \_\_\_\_\_

General Funds  Special Funds  Civil Service Employee yes  no  # of hours in work week: \_\_\_\_\_

Start Date of Anticipated Leave \_\_\_\_\_ Expected Date of Return \_\_\_\_\_

Reason for Leave (Explain) \_\_\_\_\_

Are you requesting Intermittent Leave/Reduced leave Schedule? Yes  No

If yes explain: \_\_\_\_\_

**NOTE:** A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician.

I hereby authorize the City of New Haven, its employees and agents to contact my physician to verify the reason for my requested leave or for any other information concerning my requested family and medical leave.

**I understand that a failure to return to work at the end of my leave period may be treated as a resignation.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**II. TO BE COMPLETED BY DEPARTMENT HEAD OR COORDINATOR:**

Employee's Hire Date with the City \_\_\_\_\_

Did employee use FMLA time in the last 12 months? Yes  No  If yes, provide the dates used: \_\_\_\_\_

Amount of Paid Leave Available to employee as of the date of anticipated leave. \_\_\_\_\_

Sick \_\_\_\_\_ Vacation \_\_\_\_\_ Personal \_\_\_\_\_

Department Head/Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**III. TO BE COMPLETED BY DIRECTOR OF HUMAN RESOURCES:**

Check one:  Leave Approved for: \_\_\_\_\_ Days/Weeks

Leave Denied (explain): \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IV. TO BE COMPLETED BY FMLA COMMITTEE IN CASE OF APPEAL:**

Check one:  Leave Approved for: \_\_\_\_\_ Days/Weeks

Leave Denied (explain): \_\_\_\_\_

Committee's Signature \_\_\_\_\_ Date \_\_\_\_\_