

# Montgomery County Government

102 East Spring St. ~ P.O. Box 425, Troy, North Carolina 27371-0425  
Telephone: (910) 576-4221 Fax: (910) 576-4566

## APPLICATION FOR FAMILY MEDICAL LEAVE

Employee Name (Print): \_\_\_\_\_

Department/Office: \_\_\_\_\_

Start Date of Anticipated/Requested Family Medical Leave: \_\_\_\_\_

Expected Date of Return to Work: \_\_\_\_\_

Reason(s) for Leave Request: \_\_\_\_\_

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

I hereby authorize Montgomery County to contact my physician to verify the reason for my requested leave or for any other information concerning my requested FMLA.

I understand that failure to return to work at the end of my leave period will be treated as a resignation unless an extension has been requested and approved in writing by Montgomery County.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_