

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: _____