

# Collier County Sheriff's Office

## Family and Medical Leave Act (FMLA) Request Form

(To be completed by Member or Supervisor)

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ID #: \_\_\_\_\_

Reason for Family/Medical Leave (check one):

- Member illness/injury
- Family member illness/injury State Relationship: \_\_\_\_\_

Was family member's illness/injury incurred while on active military duty?

Yes  No

- Birth/Adoption/Foster Child Placement  
Date of birth/adoption/placement of child:  Actual: \_\_\_\_\_

Anticipated: \_\_\_\_\_

- Family member called to active military duty.

State Relationship \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total # of Weeks: \_\_\_\_\_

Date of return to light duty: \_\_\_\_\_ Date of return to full duty: \_\_\_\_\_

If you are married, is your spouse employed by the CCSO?  Yes  No

Type of leave requested:

- Consecutive Days/Weeks  Intermittent\*  Reduced Work Schedule\*

\*Give Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Date

Attach appropriate CCSO Physician's Statement, Caregiver Leave Form, or other pertinent documentation.