

**Supervisor Referral
Family and Medical Leave Act**



TO: Jules Isenberg-Wedel, Human Resource Manager

FROM: _____

RE: Employee Name: _____

DATE: _____

Leave Referral

I have an employee that needs to be off work/has been off work for a reason that may qualify for leave under the Family and Medical Leave Act (FMLA). They are requesting leave for:

- The birth of a child, or placement of a child with them for adoption or foster care.
- Their own serious health condition.
- Because they need to care for a spouse/child/parent due to his/her serious health condition.
- Because of an exigency arising out of the fact that a spouse/son/daughter/parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Because they are the spouse/son/daughter/parent/next of kin of a service member with a serious injury or illness.

Anticipated Start Date of Leave: _____

Supervisor Signature: _____

Date: _____

Please submit this request to the Human Resources Manager, Jules Isenberg-Wedel. Requests can be submitted in person, via mail, or via fax (269-343-2940). Once received, a notice regarding the employee's eligibility for FMLA leave will be issued within 5 business days. If you have any questions, please feel free to contact Jules at 269-343-3731, ext. 220 or view the FMLA poster located in the ROI Administration Office break room or at your program site.