



City of East Providence

DEPARTMENT OF HUMAN RESOURCES
CITY HALL
145 TAUNTON AVENUE
EAST PROVIDENCE, RHODE ISLAND 02914-4505

Family and Medical Leave Act (FMLA) Request Form

Employee's Name:	Department:
Job Title:	Manager:
Phone Number:	Address:
Reason for Leave of Absence <input type="checkbox"/> Own illness (not work related) <input type="checkbox"/> Own illness (work related) <input type="checkbox"/> Care for ill parent/spouse/child <input type="checkbox"/> Other (specify): <input type="checkbox"/> Birth of a child <input type="checkbox"/> Placement of child for adoption or foster care	Do you have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any optional insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently on another leave? <input type="checkbox"/> Yes <input type="checkbox"/> No
Requested start date:	Anticipated end date:
Requested intermittent or reduced work schedule:	

Employee Signature

Date