



Colleton County Government
Human Resources
31 Klein Street
P. O. Box 157
Walterboro, South Carolina 29488
Phone: (843) 549-5221
Fax: (843) 549-7215

REQUEST FOR FAMILY MEDICAL LEAVE (FMLA)

Employees employed twelve (12) months or longer and have worked 1,250 hours in the preceding twelve (12) months prior to the commencement of leave is eligible for Family Medical Leave.

Date of Request: _____
Employee Name: _____
Employee Address: _____
Employee Telephone: _____
Department: _____ Hire Date: _____

TYPE OF LEAVE REQUESTED

(Place an X next to the type of leave requested)

_____ Family Medical Leave (FMLA) _____ Extension of Family Medical Leave

REASON FOR LEAVE

I am requesting family medical leave for the following reasons:

(Place an X next to the reason that applies to your request)

_____ My own serious health condition
_____ Serious health condition of my: _____ Spouse _____ Son/Daughter _____ Parent
_____ The birth of a child
_____ Placement of a child with me for foster care
_____ Adoption of a child by me
_____ Because of a qualifying exigency arising out of the fact that my:
_____ Spouse _____ Son/Daughter _____ Parent is on active duty or called to active
duty status in support of a contingency operation as a member of the National Guard or
Reserves
_____ Because I am the:
_____ Spouse _____ Son/Daughter _____ Parent _____ Next of kin of a covered
service member with a serious injury or illness

Leave Start Date _____ Leave End Date _____

Extension Start Date _____ Extension End Date _____

Employee Signature _____

Date _____