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| --- | --- | --- | --- | --- |
| Name: |  |  | Department: |  |

|  |  |
| --- | --- |
| Current Address: |  |

|  |  |
| --- | --- |
| Start Date of Anticipated Leave: |  |
| Expected Date of Return to Work: |  |

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| --- | --- | --- |
| *Reason for Leave:* | | |
|  |  | Pregnancy related disability or childbirth. |
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|  |  | Care of your newborn child or child placed with you for adoption or foster care. |
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|  |  | Medical leave for your own “serious health condition.” 1 |
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|  |  | Care of your spouse/domestic partner, parent or child, or the parent or child |
|  |  | of your spouse/domestic partner, with a “serious health condition.”1 |
|  |  |  |
|  |  | Care of your spouse/domestic partner, parent, son, daughter or next of kin who is a servicemember who incurred an injury/illness during active |
|  |  | covered servicemember.1 |
|  |  |  |
|  |  | Qualifying exigency1 resulting from a spouse/domestic partner, child, or parent being notified of |
|  |  | on or called to active military duty. |
|  |  |  |
| 1 *“Serious health condition,” “covered service member” and “qualifying exigency” are defined on the back of this form. Please read the back of this form to determine whether your need for leave may qualify under these definitions.* | | |

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| **NOTE:** | A leave request based on an employee’s serious health condition or the serious health condition of an immediate family member must be supported by medical certification from a health care provider. Failure to provide medical certification to support your Family and Medical Leave request, when it is based on a serious health condition, may result in a rejection of your leave request. In the event that the medical certification provided by your health care provider is inadequate to verify that the condition qualifies under Family and Medical Leave, a human resources manager or his or her designee may seek clarification or authentication from your health care provider, or a health care provider retained by the City of Seattle may seek clarification or authentication from your health care provider or conduct an examination necessary to determine whether medical certification is appropriate. . |
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| I understand that failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the head of the City department (or their designee) where I am employed. | |

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| Signature: |  |  | Date: |  |

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| I hereby authorize a health care provider representing the City of Seattle or a human resources manager or his or her designee to contact my health care provider for authentication or clarification of my medical certification. |

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| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |

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| *Date rec’d by Supervisor:* |  |  | *Supervisor’s Initials:* |  |
|  |  |  |  |  |
| “Serious health condition” is an illness, injury, impairment, or physical or mental condition that involves either:   1. **Hospital Care** Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or resulting from such inpatient care.   OR   1. **Continuing Treatment**: For a condition that either prevents the employee from performing the functions of his/her job, or prevents the qualified family member from participating in school or other activities. These include the following: 2. Absence Plus Treatment A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:  * Treatment two or more times by a health care provider, by a nurse or physician’s assistant under the direct supervision of a health care provider, or by a provider of health services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or * Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of a health care provider.  1. Pregnancy Any period of incapacity due to pregnancy, or for prenatal care. 2. Chronic Conditions Requiring Treatments A chronic condition which:  * Requires periodic visits for treatment by a health care provider, or by a nurse or physician’s assistant under the direct supervision of a health care provider; * Continues over an extended period of time (including recurring episodes of a single underlying condition); and * May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).  1. Permanent/Long-term Conditions Requiring Supervision A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.      1. Multiple Treatments (Non-Chronic Conditions) Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under the orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis). | | | | | |

Military Family Leave Definitions:

“Covered Servicemember” is 1) A member of the Armed Forces, including the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties and for which the servicemember is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list; or 2) A veteran of the Armed Forces who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness incurred in the line of duty while on active duty in the Armed Forces and who was a member of the Armed Forces any time during the period of 5 years preceding the date on which the veteran undergoes the medical treatment, recuperation or therapy.

“Qualifying Exigency” leave shall be for the following, provided they are directly related to the servicemember’s call to or being on active duty: 1) Attending to issues arising from short notice deployment (up to seven days leave), 2) Attending military events and related activities, 3) Arranging for childcare or attending school meetings, 4) Making or updating financial or legal arrangements (example: preparing a will or obtaining military benefits), 5) Attending counseling provided by a non-healthcare provider, 6) Accompanying the servicemember while on rest and recuperation leave during deployment (up to five days leave), and 7) Attending post-deployment military sponsored events and ceremonies.