# CITY OF SAN ANTONIO
# FMLA REQUEST AND APPROVAL FORM

## EMPLOYEE'S REQUEST FOR FMLA LEAVE (to be completed by the employee)

| | |
|---|---|
| **Employee Name:** | **Work Phone No.:** |
| **Job Title:** | **Home Phone No.:** |
| **Department:** | **Division:** |
| **Current Address:** | |
| **Supervisor's Name:** | **Phone No.:** |

**Reason for FMLA Request: (Please check one below)**

**Family:** ☐ Birth/Care of Newborn ☐ Placement of a child with the employee for adoption and/or foster care **(Court Documentation Required)**

**Medical:** ☐ The serious health condition of self or family member (parent, child, spouse) ☐ Self

a. Family member's name _____ **(Declaration & Registration of Informal Marriage for Common-Law Marriage)**
b. Relationship _____
c. If employee's child, specify date of birth _____

Is your spouse employed by the City? ☐ Yes ☐ No
If yes, name of spouse: _____ Department: _____

**Type of Leave Requested:** ☐ **Continuous Absence** ☐ **Reduced Schedule** ☐ **Intermittent Absence**

**Start Date:** _____ **Expected Date of Return:** _____

| Type | Hours | From | Through |
|---|---|---|---|
| Annual | _____ | _____ | _____ |
| Personal | _____ | _____ | _____ |
| Floating Holiday | _____ | _____ | _____ |
| Leave w/o Pay | _____ | _____ | _____ |

**If approved, this leave will be counted against your FMLA leave entitlement.**

**Employee Signature:** _____ **Date:** _____

## EMPLOYER RESPONSE TO EMPLOYEE (to be completed by Human Resources personnel only)

**Employee Personnel ID:** _____ **Employee Status: F/T** ☐ **P/T** ☐ **Temp** ☐

**Eligibility Requirements**: Employed 12 months ☐ Yes ☐ No 1,250 hours worked ☐ Yes ☐ No

☐ Your FMLA leave is provisionally approved pending medical certification.
☐ Your FMLA leave is approved.
☐ Your leave is denied for the following reason(s): _____

**HRS Name:** _____ **Phone No.** _____

**HRS Signature:** _____ **Date:** _____

**I have received the City of San Antonio Employer Response to my request for FMLA.**

**Employee Signature:** _____ **Date:** _____

CITY OF SAN ANTONIO
TEXAS
LIBERTATIS CUNABULA