



## City and Borough of Sitka

### Employee Application for Family or Medical Leave

Name	Department
Contact Address	
Contact Phone	
Dates of Leave (Leave Start Date - Expected Return Date)	
<b>Reason for Leave</b> <input type="checkbox"/> Birth of a son or daughter and to care for the newborn child. <input type="checkbox"/> Placement with the employee of a son or daughter for adoption or foster care. <input type="checkbox"/> To care for the employee's spouse, son, daughter or parent with a serious health condition. <input type="checkbox"/> A serious health condition that makes the employee unable to perform the functions of the employee's job. <input type="checkbox"/> A qualifying exigency arising out of the fact that the employee's spouse, son, daughter or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active duty status). <input type="checkbox"/> To care for a covered servicemember with a serious injury or illness if the employee is the spouse, son, daughter, parent or next of kin of the covered servicemember.	

**NOTE:** City and Borough of Sitka shall grant family and medical leave consistent with applicable provisions in the Federal Family, Medical Leave Act (FMLA) and the Alaska Family Leave Act (AFLA) and Military Leave Act (MLA). A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent may need verifying medical certification from a physician. (Please refer to Section 9.10 of the Personnel Policy.)

I hereby authorize the City and Borough of Sitka to contact my physician to verify the reason for my requested leave or for any other information concerning my requested family or medical leave.

I understand that I may be required to present a fitness-for-duty certification prior to being restored to employment. If such certification is required but not received, my return to work may be delayed until such certification is provided.

I understand that if a parent or child of two employees employed by the City and Borough of Sitka has a serious health condition, that the Municipality is not required to grant family leave to both employees simultaneously.

I understand that a 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 City and Borough of Sitka.

<b>Requested by:</b>	<b>Date</b>
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<b>Supervisor Signature</b>	<b>Date</b>
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