

Town of Boxford  
Office of Town Administrator  
7A Spofford Road  
Boxford, MA 01921

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**EMPLOYEE REQUEST**  
**Family and Medical Leave Act**

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as possible and generally must comply with normal call-in procedures.

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**Reason for Requested Leave** (certification and/or documentation may be required)

- Birth of your child and the care of such newborn child Expected Delivery Date: \_\_\_\_\_
- Placement of a child with you for adoption or foster care Date of Placement: \_\_\_\_\_
- Your own serious health condition (including pregnancy and prenatal care)
- A serious health condition affecting your spouse \_\_\_\_\_ parent \_\_\_\_\_ or child \_\_\_\_\_
- Qualifying exigency (necessity to address personal issues) due to the military active duty status or call to active duty status of a spouse \_\_\_\_\_ son/daughter \_\_\_\_\_ parent \_\_\_\_\_
- You are caring for a spouse \_\_\_\_\_ son/daughter \_\_\_\_\_ parent \_\_\_\_\_ next of kin who is a \_\_\_\_\_ covered service member with a serious injury or illness obtained in the line of duty.

**Type of Leave Requested:** \_\_\_\_\_ Continuous \_\_\_\_\_ Intermittent \_\_\_\_\_ Reduced Hours

Would you like to take the leave \_\_\_\_\_ Concurrently with \*sick/vacation/other leave or \_\_\_\_\_ as unpaid FMLA?

**\*Sick leave may only be used for illness of the employee (not a family member) unless otherwise indicated in the employee's CBA. You must previously accrued sick, vacation, or other leave available to take FMLA concurrently with these types of leave.**

Anticipated start date: \_\_\_\_\_ Anticipated return to work: \_\_\_\_\_

Please describe the intermittent, flexible, or reduced work schedule request in detail and/or describe any workplace accommodations requested. If you meet the work requirements to be eligible for FMLA, you may be required to provide medical or qualifying exigency certification.

\_\_\_\_\_

\_\_\_\_\_

**I have reviewed this document and verify that the information provided or attached is correct. I have read and understand the FMLA policy.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your request to the Office of Director of Municipal Finance at Town Hall.**