CITY OF CAMDEN
F.M.L.A LEAVE REQUEST

TO: Timothy Cunningham, Business Administrator

FROM:

Employee Name

Address

City, State, Zip

Home Phone: Cell Phone:

E-Mail Address:

Department: Title:

I respectfully request a leave of absence ☐ with ☐ without pay for under the provision of the Family and Medical Leave Act. I am requesting the leave for the following reason(s):

☐ The Birth of a child, placement of a child for adoption or foster care.

☐ A serious health condition affecting my:

☐ Spouse
☐ Domestic or Civil Union Partner
☐ Parent
☐ Grandparent
☐ Parent-in-Law
☐ Equivalent of Family Member

☐ Child
☐ Domestic or Civil Union Partner
☐ Sibling
☐ Grandchild
☐ Blood Relative
☐ Next of Kin (Only for Military NJFLA)

☐ A Personal Health Condition

☐ ***Continuous**

Start Date: ____________________ Expected End Date: ________________________

☐ ***Intermittent** (Leave taken in separate block of time

Start Date: ____________________ Expected End Date:________________________

☐ **Reduced** *(Leave taken that reduces the usual number of working hours per week or hours per day)*

☐ Usual Bi-weekly hours: ________ ☐ Reduced Bi-weekly hours: ________________

Start Date: ______________________ Expected End Date: ________________________

Pursuant to Fact Sheet #20 of the State of New Jersey:

FAMILY LEAVE: State and Local employees enrolled in the SHBP or SEHBP are entitled to health benefits coverage continued at the expense of their employer while they are on federal and/or State family leave. ***The member is responsible for paying normally required premium payment or health benefits contribution to the employer, in advance of the leave.***

____
Signature Date

☐ Approved

☐ Disapproved

____
Business Administrator Date

C: Personnel File

***USE OF VACATION/HOLIDAY TIME FOR LEAVE OF ABSENCE IS SUBJECT TO DEPARTMENTAL POLICIES AND PROCEDURES.**