



## 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

☐ Personal Health Condition

☐ Child

☐ Domestic or Civil Union Partner

☐ Sibling

☐ Grandchild

☐ Blood Relative

☐ Next of Kin (Only for Military NJFLA)

\*\*\*\*\*PLEASE DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

**\*SIGN AND DATE ON PAGE 2\***

☐ **\*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

\_\_\_\_\_  
Business Administrator

\_\_\_\_\_  
Date

☐ Disapproved

C: Personnel File

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