



FAMILY AND MEDICAL LEAVE (FMLA) - Request Form

EMAIL request to: FMLA@billingsmt.gov

Thirty (30) days' notice is required when the need for leave is foreseeable.

When advance notice is not possible, the employee must provide the notice as soon as practical, typically within two (2) business days.

Employee Name: _____ Cell #: _____

Personal Email address (required for FMLA correspondence): _____

Employed with the City more than one year? Yes No Department: _____

Department Supervisor: _____ Have you informed them of your FMLA Request? Yes No

Estimated LEAVE BEGIN DATE: _____ Estimated RETURN DATE: _____

TYPE OF LEAVE: Continuous Intermittent (proposed schedule has to be approved by Dept.): _____

REASON FOR FMLA LEAVE Request

EMPLOYEE

- Your own serious health condition that makes you unable to work due to:
 - Medical procedure/In-patient hospitalization Continuous treatment by a health care provider Chronic condition

→ Certification form required: *WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition*

FAMILY MEMBER

- The birth of a child*, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly placed child

→ Certification form required: *WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition* *The city does not require certification for Birth & Bonding with child. FMLA starts with the baby's birth.

- You are needed to care for your family member due to a serious health condition. Your family member is your:
 - Spouse Parent Child under age 18 Child 18+ yrs. and incapable of self-care because of a mental or physical disability

→ Certification form required: *WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition*

MILITARY

- A qualifying exigency arising out of the fact that your family member is on covered active duty or has been notified of an impending call or order to covered active duty status. Your family member on covered active duty is your:
 - Spouse Parent Child of any age

→ Certification form required: *WH-384 Certification of Qualifying Exigency for Military Family Leave*

- You are needed to care for your family member who is a covered servicemember with a serious injury or illness.
 - You are the servicemember' s: Spouse Parent Child

→ Certification form required: *WH-385 Certification for Serious Injury or Illness of Current Servicemember -- for Military Family Leave*

→ Certification form required: *WH-385-V Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave*

Certification forms & FMLA items are available on the city website: <https://ci.billings.mt.us/417/Forms-and-Resources>

ACKNOWLEDGEMENT by Employee:

I acknowledge the above FMLA Request, and that I have read the FMLA Notice to Employee on the website. City policy requires paid accrual usage before unpaid status. I also acknowledge the FMLA request is not valid until Human Resources approves it, which will be emailed to me. Finally, I acknowledge, I will provide the required certification timely, and will communicate via email with HR regarding status changes in my FMLA leave and Return to Work date.

Employee's Signature

Date of Request

If you have any questions, then please email (FMLA@billingsmt.gov) or call 657-8265.