Government of the District of Columbia

Family and Medical Leave Application Form

Applicant Information

Full Name: _____

                Last   *First*   *M.I.*

Address: _____

                Street Address   *Apartment/Unit #*

                _____

                City   *State*   *ZIP Code*

Agency: _____   Employee ID: _____

Reason for Leave Request

*Specify the reason for which you are seeking family or medical leave. Select **one** option.*

Basis for leave

☐ My personal health condition   ☐ I am adopting a child   ☐ I am caring for a family member

☐ Birth of my child   ☐ I am assuming parental duties for a child

☐ Exigency Military Leave   ☐ Military Caregiver Leave

Leave Options

Total number of hours requested: _____

When will you be on leave (select all that apply)?

☐ I plan to be on leave continuously from: ☐ I plan to use my leave intermittently from:

Start Date: Click here to enter a date.   **Start Date:** Click here to enter a date.

Last Date: Click here to enter a date.   **Last Date** Click here to enter a date.

Type of Paid Leave

Will you be using paid leave for this request? If so, indicate the types of leave you will be using and the number of hours of each. You may select more than one type of paid leave.

☐ Annual _____   ☐ Sick _____   ☐ NONE

☐ Compensatory _____   ☐ Paid Family _____

Note: For annual, sick, paid family, or compensatory leave you must complete a typical request for appropriate leave through PeopleSoft or, if applicable, an "Application for Leave" form (SF-71).