



**Family and Medical Leave Act (FMLA) Application for Leave**

**PRIVACY ACT STATEMENT**

**Authority:** 5 U.S.C. § 6382 (2024) - Federal Employee Leave Act; 5 C.F.R. § 630 subpart Q - Absence and Leave; and Automated Directives System (ADS) Chapter 481- Family and Medical Leave (FML).

**Purpose:** USAID collects this information for use in determining whether individuals are entitled to Family and Medical Leave Act (FMLA).

**Routine Uses:** This information is collected and maintained by the Office of Human Capital and Talent Management, Office of Employee and Labor Relations (HCTM/ELR). This information is not shared outside of USAID.

**Disclosure:** Supplying the information is voluntary. However, without the requested information, USAID will not be able to process employees' request for FMLA.

**Instructions:** Employee and supervisor complete, sign, and date the form. Employee submits the form to HCTM/ELR to apply for and invoke FMLA.

**A. The Employee completes this section**

1. Last Name, First Name, MI	2. Grade
3. Position Title	4. Series
5. Mission/Office Symbol	6. Basic Pay Rate

7. Reason for Application for Leave (check one of the following):

- Care for a newborn or newly adopted child (including foster children).
- Care of spouse, parent, or child with serious health condition.
- Recover from employee's serious health condition (including pregnancy and childbirth).
- Care for an injured military service member.
- Address qualifying exigencies arising out of a family member's deployment.

Note: Appropriate documentation must be provided to support all requests.



<p>8. Appropriate documentation must be provided to support all requests (please initial). I understand that my leave may be granted provisional until such time as the required medical certification or legal documentation is submitted. Failure to do so will result in the leave later being charged to an appropriate leave category or changed as absent without leave (AWOL):</p>								
<p>9. I understand that I may elect to substitute paid time off for my 12-weeks entitlement to unpaid leave. This paid time off may include annual leave, sick leave and advanced annual leave and sick leave or leave donated under the Voluntary Leave Transfer Program consistent with the law and current regulations governing their use. I elect (check one of the following):</p> <p style="margin-left: 40px;">Unpaid leave</p> <p style="margin-left: 40px;">Use of paid leave</p> <p style="margin-left: 40px;">Combination of unpaid and paid leave</p>								
10. Requested Date for Leave to Begin	11. Requested Date for Leave to End							
<p>12. Type of Leave and Amount of Time Requested</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Annual Leave</td> <td style="width: 33%; text-align: center;">Sick Leave</td> <td style="width: 33%; text-align: center;">Leave Without Pay</td> </tr> <tr> <td style="text-align: center;">Hours:</td> <td style="text-align: center;">Hours:</td> <td style="text-align: center;">Hours:</td> </tr> </table>			Annual Leave	Sick Leave	Leave Without Pay	Hours:	Hours:	Hours:
Annual Leave	Sick Leave	Leave Without Pay						
Hours:	Hours:	Hours:						
<p>13. Will you be requesting continuation of health insurance benefits while in a non-pay status? (If yes, contact your servicing HR Specialist)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> </tr> </table>				Yes	No			
	Yes	No						
<p>14. I certify that:</p> <ul style="list-style-type: none"> <li>I have completed 12 months of qualifying civilian service, military service, or a combination of both; and</li> <li>FMLA has not been requested within the past 12 months.</li> </ul>								
Employee's Signature	Date							
<b>B. The Supervisor completes this section</b>								
<p>15. I have reviewed this application with the employee</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Approved</td> <td style="width: 33%; text-align: center;">Disapproved</td> <td style="width: 33%;"></td> </tr> </table>			Approved	Disapproved				
Approved	Disapproved							
Supervisor's Signature	Date							