

REQUEST FOR INTERMITTENT/REDUCED SCHEDULE
MILITARY FAMILY/MEDICAL LEAVE OF ABSENCE
FOR ACTIVE DUTY EXIGENCIES

This form is to be completed by the EMPLOYEE requesting a paid or unpaid leave of absence under provisions of the federal "Family/Medical Leave Act of 1993" and City of St. Louis' Administrative Regulation No. 133.

1. EMPLOYEE NAME: _____

2. JOB TITLE: _____

3. TYPE OF Leave Requested: _____ Intermittent _____ Reduced Schedule

4. DEPARTMENT: _____ 5. DIVISION/SECTION: _____

6. REQUESTED LEAVE PERIOD: From _____ To _____

7. PAID LEAVE REQUESTED: _____

8. ANTICIPATED LEAVE SCHEDULE: _____

9. I request Family/Medical Leave for the following reason:

For Qualifying Exigencies related to Active Military Service in a foreign country of the following relative:

Relationship:

- ___ Legal spouse or Domestic Partner
- ___ Parent (includes natural or adoptive parent, stepparent, legal guardian; does not include in-laws)
- ___ Person with "in loco parentis" status to the employee when the employee was a child
- ___ Son or Daughter (includes natural, adoptive or foster child, or stepchild)
- ___ Child for whom employee has status as "in loco parentis"
- or ___ Next of Kin (give specifics) _____

10. Please Check Qualifying Exigency

- ___ Short notice deployment (Seven (7) or fewer calendar days prior to) _____
- ___ Military events/related Activities (Family Support & Information)
- ___ Childcare/School Activities
- ___ Financial and legal arrangements
- ___ Counseling (non-medical)
- ___ Rest & Recuperation (up to five (5) days for each)
- ___ Post-Deployment Activities
- ___ Additional Activities (agreed to by AA)

I certify that the information provided is correct to the best of my knowledge.

Employee Signature _____ Date _____

**APPOINTING AUTHORITY RESPONSE TO REQUEST FOR MILITARY
FAMILY/MEDICAL LEAVE OF ABSENCE FOR ACTIVE DUTY EXIGENCIES**

This form is to be completed by the APPOINTING AUTHORITY within five (5) business days of receipt. Determinations reached must comply with the provisions of the City of St. Louis Administrative Regulation No. 133, "Family/Medical Leave." This original form should be submitted to the Department of Personnel, Employee Relations Section, with the "Employee Status Form" (if necessary) placing the employee on leave and any supporting documentation required, at least thirty (30) days in advance of the date leave begins; a copy of the completed form should be given to the employee.

1. APPOINTING AUTHORITY RESPONSE:

- Your request is approved as submitted, subject to providing the supporting documents (if any) checked under Item 4 below.
- Your request is approved under revised terms as outlined under Item 2 below, subject to providing the supporting documents (if any) below.
- The terms and conditions of your request were reviewed with the Department of Personnel. Your request is denied for the reasons outlined under Item 3 below.

2. REVISED TERMS OF LEAVE (if any): (usually limited to delay of the start of leave due to employee's failure to provide either 30 days advance notice in foreseeable situations, or required documentation within 15 days of request by appointing authority; can be a mutually agreed upon revision between the employee and the appointing authority, such as paid leave granted)

3. REASON FOR DENIAL: (if applicable)

- Employee is ineligible for military family/medical leave
- Reason for leave outlined on reverse side of this form does not qualify for military family/medical leave
- Failure to supply requested documentation, or documentation submitted does not support eligibility for military family/medical leave
- Other:

4. NOTICE TO EMPLOYEE OF SUPPORTING DOCUMENTATION REQUIREMENTS:

- Proof of service member's active duty status or call to active duty status
- Proof of service member's qualifying relationship to the employee requesting Military Family/Medical leave for active status exigencies
- Other:

Appointing Authority Signature _____ Date _____

Date copy was forwarded to employee: _____