

FMLA Questionnaire

1. Employee Name

2. Department

3. Position/Title

4. Supervisor's Name

5. Please indicate the reason that you are requesting FMLA leave.

- Birth/adoption of child
- Your own serious medical condition
- Serious medical condition of immediate family member (spouse, child, biological parent)
- Serious Injury or Illness of Current Service Member or Veteran
- Qualifying Exigency Military Leave

6. When do you anticipate needing to begin your FMLA leave?

7. Please list the dates that you are expecting to take off.

8. Please indicate the type of FMLA leave you will be using:

- Continuous
- Intermittent (leave can be approved for up to 1 year)

Once you have completed this questionnaire, please email it to: hrfmla@pinal.gov. You will be sent a medical certification document (if applicable) that will need to be completed by your treating physician and returned to Human Resources with further instructions and next steps in the approval process.

For further questions, please contact HR at ext. 6231 or email hrfmla@pinal.gov