



# Request for Family or Medical Leave

Employee Data

\_\_\_\_\_  
 Last Name                                      First Name                                      MI                                      EIN

\_\_\_\_\_  
 Street Address                                      City                                      State                                      Zip                                      Cell/Home Phone

\_\_\_\_\_  
 Department                                      Division                                      Supervisor's Name

\_\_\_\_\_  
 Contact Email Address

Expected Last Day of Work Preceding Leave: \_\_\_\_\_

Expected Date of Return to Work: \_\_\_\_\_

Continuous Leave     Intermittent Leave

If not giving 30 days advance notice of the need for leave, explain the circumstances that prevented giving earlier notification of need: \_\_\_\_\_

Reason for Leave

Serious Health Condition – Employee                                       Serious Health Condition - Family Member

Workers Comp/ADA/FMLA Concurrently                                       Qualifying Military Exigency  
 (Furnish deployment orders)

Birth/Bonding/ Placement Adoption of a Child\*                                       Military Caregiver

**\*If you intend to add the child to your medical insurance, it must be done within 30 days of the birth or adoption/placement. Contact Human Resources Benefits at 512-854-0404.**

Family Member Data

Relationship:

Spouse

Child

Parent

Next of Kin (Military Caregiver leaves only)

\_\_\_\_\_  
 Last Name                                      First Name                                      MI

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City                                      State                                      Zip                                      Phone

Is your spouse employed at Travis County? Yes  No

**I understand that this leave is granted on the condition that I comply with all employee rights and responsibilities in a timely manner and that failure to do so could result in denied leave. You and your HR Liaison/HR contact will be notified within 5 days regarding this request.**

\_\_\_\_\_  
 Employee Signature                                      \_\_\_\_\_  
 Date

\_\_\_\_\_  
 HR Liaison/HR Contact                                      \_\_\_\_\_  
 Date

FMLA Workbench Checked? Yes  No

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date FMLA Coordinator Received Request

For **TCSO Employees**: Please fax to (512) 854-4729 or email: [TCSOFamilyMedicalLeave@traviscountytexas.gov](mailto:TCSOFamilyMedicalLeave@traviscountytexas.gov)

For **Juvenile Probation Employees**: Please fax to (512) 854-3080 or email: [Juv-hr-fmla@traviscountytexas.gov](mailto:Juv-hr-fmla@traviscountytexas.gov)

**For all other County Employees**

Please fax to (512) 854-4201 or email: [fmladmin@traviscountytexas.gov](mailto:fmladmin@traviscountytexas.gov)

**Attention:** Zetta Garnett, HRMD Leave Coordinator