

THE TOWN OF NORTH HEMPSTEAD
Application for Family or Medical Leave

Name: _____ Title: _____

Current Address:

Start Date of Anticipated Leave:

Expected Date of Return to Work:

Reason for Leave (Explain):

NOTE: A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent, must be accompanied by a verifying medical certification from a physician. With respect to military leave requests, appropriate certification must be provided if you are requesting leave because of a Qualifying Exigency or to care for a Covered Service member.

I hereby authorize the Town to contact my physician to verify the reason for my requested leave or for information concerning my requested family and medical leave.

Employee Signature: _____ Date: _____

APPROVED BY:

Manager Name

Manager Signature

Commissioner of Finance Name

Commissioner of Finance Signature