

# Please Print or Type Information

## City of Kansas City, Missouri

Human Resources Department - Benefits Division

414 E. 12<sup>th</sup> Street, Room 1201

Kansas City, MO 64106-2705

816.513.1932 (office) 816.513.1953 (fax)

[fmla@kcmo.org](mailto:fmla@kcmo.org)

### EMPLOYEE REQUEST FOR FAMILY/MEDICAL LEAVE (FML)

Please complete lines 1 – 14.

(1.) EMPLOYEE NAME: \_\_\_\_\_ (2.) EMPLOYEE ID #: \_\_\_\_\_

(3.) EMPLOYEE CURRENT ADDRESS: \_\_\_\_\_

(4.) CITY, STATE, ZIP CODE: \_\_\_\_\_

(5.) EMPLOYEE EMAIL: \_\_\_\_\_

(6.) EMPLOYEE CURRENT TELEPHONE #: \_\_\_\_\_ (7.) WORK #: \_\_\_\_\_

(8.) DEPARTMENT: \_\_\_\_\_

(9.) SUPERVISOR: \_\_\_\_\_

(10.) PAYROLL CLERK: \_\_\_\_\_

(11.) EXPECTED/ANTICIPATED DATE FOR LEAVE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

(12.) I NEED LEAVE FOR THE FOLLOWING REASON(S): MARK APPROPRIATE BOX(ES)

- Serious Medical Condition of Self
- Birth/Maternity, Adoption or Foster Care Placement Of Child: \_\_\_\_\_  
(Expected Due Date or Placement Date)
- Paternity Leave
- Care of Spouse, Child, Parent with a Serious Medical Condition:  
(List Name and Relationship of Family Member: \_\_\_\_\_)
- Care of Covered Service Member with a Serious Injury or Illness – You Are the Next of Kin, Spouse, Child or Parent  
(List Name and Relationship of Family Member: \_\_\_\_\_)
- Qualifying Exigency of Your Spouse, Child, Parent or Next of Kin Called to Support of Contingency Operation as a Member of The National Guard or Reserves  
(List Name and Relationship of Family Member: \_\_\_\_\_)

(13.) **REQUIRED FOR INTERMITTENT OR REDUCED SCHEDULE LEAVE:** Such leave is defined as a reduction of the usual number of hours per workweek or workday and is available only for serious health conditions. Please describe necessity and/or requested reduced schedule:

\_\_\_\_\_  
\_\_\_\_\_

(14.) I hereby certify that the above information is true and correct and I will notify the Benefits Division of the Human Resources Department if any of the above circumstances change.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(EMPLOYEE SIGNATURE)

(Submit Completed Form to the Benefits Division of the Human Resources Department.)

Last Revised 09/2023