|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Empl ID** |  |
| **Date of Hire (state)** |  |
| **Leave Balances** | **Sick** |  | **Other –** |  |
| **Annual** |  | **Other –**  |  |

**Request**

|  |  |
| --- | --- |
| **Requested Dates** |  |
| **# Hours Requested** |  |

**Eligibility Findings**

|  |  |
| --- | --- |
| **Employed with state of Georgia gov’t for 12 months as of FMLA start date**  | **[ ]  YES** **[ ]  NO** |
| **Work status for at least 1,250 hours during 12 months preceding FMLA start date** |  **[ ]  YES [ ]  NO** | **Scheduled Hours** |       - |
| **Holiday Hours** | - |
| **Leave/Comp Taken**  |       - |
| **Suspen/Furlough Hrs** | = |
| **Hours Worked** |  |
| **Reason for leave** | **[ ]  Birth of child (within 12 months of birth)****[ ]  Adoption or foster care of child (within 12 months of placement)** **[ ]  Care of family member with serious health condition****[ ]  Spouse****[ ]  Child****[ ]  Parent****[ ]  Employee’s serious health condition****[ ]  Qualifying exigency –** **[ ]  Spouse** **[ ]  Child** **[ ]  Parent**  **deployed to foreign country****[ ]  Care of family member with serious injury/illness from active military duty** **[ ]  Spouse****[ ]  Child****[ ]  Parent****[ ]  Other (Employee is nearest blood relative)** |
| **# Hours of FMLA used in 12-mo pd** |  |
| **# Hours remaining FMLA eligibility** |  |

**Determination**

|  |  |
| --- | --- |
| **Eligible for Requested FMLA** |  **[ ]  YES [ ]  NO** |
| **Dates in Pay Status** |       |
| **Dates on LWOP**  |       |
| **Comments** |       |