|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** |  |