



**Employee Request for Family or Medical Leave  
FMLA (Family and Medical Leave Act)**

**Please Print**

Employee Name \_\_\_\_\_ Emp # \_\_\_\_\_  
                                First  MI  Last

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
  Cell  Work phone or ext.

Email \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_  
(FMLA Paperwork will be sent to your email, please check your email often)

Store \_\_\_\_\_ Dept/Title \_\_\_\_\_ Manager Name \_\_\_\_\_

Original Date Hired \_\_\_\_\_ Rehired?     YES     NO

**If you have questions, please call 720-873-8641.**

**If married, does your spouse work for American Furniture Warehouse?**    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Reason for FMLA request (check one):**

- Birth and care of my newborn child. Expected date of delivery: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Placement of a child / children with me for adoption or foster care.
- To take medical leave because I am unable to work because of my own serious health condition.
- To care for my \_\_\_spouse, \_\_\_child under the age of 18, or \_\_\_parent with a serious health condition.
- Qualifying exigency arising out of the fact that my spouse, son, daughter, or parent is on active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation.
- I am the spouse, son, daughter, parent, or next of kin of a covered servicemember with a serious injury or illness and am requesting to care for the servicemember.

**Complete the following information.**

-If For Birth and Care of Newborn Child, Please Estimate the Start Date. It Can Be Changed as Needed

Is this for a  **Chunk of Time (Continuous Leave)** or a  **Day Here and There (Intermittent Leave)**

My days off are: \_\_\_Sun \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Thu \_\_\_Fri \_\_\_Sat

Last day worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date FMLA will start: \_\_\_\_/\_\_\_\_/\_\_\_\_      Estimated return to work date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If Requesting a Intermittent leave, Please give details below:

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Please return this form one of the following ways email: [leave@afwonline.com](mailto:leave@afwonline.com) / fax: 720-873-8610 / interoffice: Human Resources / Compark or mail: Human Resources 8820 American Way, Englewood CO 80112  
If you have questions please call 720-873-8641.

### About your AFW Benefits

If your LOA request is approved and you continue to receive pay from American Furniture Warehouse's payroll system, your benefits will continue while out on a leave of absence and your required benefit contributions will continue to be deducted directly from your pay. If you stop receiving pay while on Leave, American Furniture Warehouse will pay your portion of your benefits and you will owe that amount back to American Furniture Warehouse. You will receive a letter informing you on how to make this payment.

### Additional Acknowledgments

**BY signing BELOW, YOU ARE CERTIFYING THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING:**

I understand that any false statements on my Request for Leave of Absence or in any other written or oral communication to the Company regarding my leave shall be considered sufficient cause for dismissal.

I authorize the Company to investigate the accuracy of the information I have provided, or may provide in the future, about my leave.

I understand that I must update my HR Manager/ Leave Administrator at American Furniture Warehouse anytime my status changes while I am off work due to a Leave of Absence.

I understand that if I want to engage in any outside employment while I am off on a Leave of Absence that I must first have written approval from American Furniture Warehouse.

**Signature**

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