



Douglas County, Nebraska

FAMILY AND MEDICAL LEAVE ACT LEAVE USAGE FORM

EMPLOYEE INFORMATION

Name:

Primary Phone:

Department:

Work Phone:

Last 4 Digits of Social Security #:

LEAVE USAGE INFORMATION

I have requested Family and Medical Leave. In addition to paid Sick leave (if applicable), I request to use the following paid leave(s) (check all that apply):

Vacation	# of hours needed:
Comp Time	# of hours needed:
Floating Holiday	# of hours needed:

EMPLOYEE AUTHORIZATION

- I understand that I am required to use my paid sick leave in accordance with the Civil Service Family and Medical Leave Act Policy.
- I understand that after all requested paid leave is exhausted; any remaining leave will be without pay.
- If my paid leave has been exhausted, I will need to make arrangements with the Benefits Office for payment of my share of the insurance benefits if I desire to continue to receive the benefits.

Employee Signature: _____

Date:

Submit this form to your payroll department contact person