

COMMONWEALTH OF MASSACHUSETTS
EMPLOYEE NOTICE OF FAMILY OR MEDICAL LEAVE

DIRECTIONS TO EMPLOYEE:

1. You may use this form to **notify management** of your anticipated date of FMLA leave.
2. Please fill out this form and return it to your supervisor **30 days prior** to your anticipated leave date, or if your leave is unforeseeable, as soon as practicable.

TO BE COMPLETED BY EMPLOYEE: (please print or type)

1. Employee's Name Employee ID
Department / Agency
2. Patient's Name (If other than employee)
Relationship to Employee
3. Employee's Current Address_
4. Type of FMLA Leave Requested: