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FMLA: Forms | U.S. Department of Labor

Employer Instructions and Forms When you become aware of an employee ' s need for family or medical leave* complete the following: Provide the employee with a Request for Family/Medical Leave under the FMLA form. Have the employee complete the form and return it to their supervisor or other designated company representative for approval or denial of leave. After the completed Request for ...

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Family Medical Leave Employer Instructions and Forms

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The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to: Twelve workweeks of leave in a 12-month period for: the birth of a child and to care for the ...

Family and Medical Leave Act | U.S. Department of Labor

Assistance with Forms If you have difficulty in obtaining the Paid Family Leave forms or need help in completing these forms, please contact the PFL Helpline at (844)-337-6303. All Paid Family Leave Forms

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Forms | Paid Family Leave

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