



ALEXANDER & BALDWIN, INC.

REQUEST FOR FAMILY AND MEDICAL LEAVE

Employee's Name

Position

Employee's Department

Supervisor

I would like to take FMLA leave for the following reason (check one):

F For the birth of my child and to care for my newborn child. The birth date/anticipated birth date of my child is _____.

For placement with me of a child for adoption or foster care. The anticipated placement date is _____.

To care for my spouse, child, or parent who is seriously ill.

To care for my parent-in-law, grandparent, or grandparent-in-law who is seriously ill.

Because I have a serious health condition that makes me unable to perform the functions of my job.

I would like my FMLA leave to begin on _____, and I anticipate that it will last for _____.

Additional Requests:

Employee's Signature

Date

Approved Department Head

Date

Approved Human Resources

Date

(HR Dept. – 7/01)