

## REQUEST FOR LEAVE UNDER THE FAMILY AND MEDICAL LEAVE ACT

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

### PURPOSE FOR LEAVE:

I wish to apply for leave due to (check applicable):

\_\_\_\_(a) the birth of my child, or the placement of a child with me for adoption or foster care.

\_\_\_\_(b) a serious health condition that makes me unable to perform the essential functions of my job.

\_\_\_\_(c) a serious health condition affecting a family member for whom I am needed to provide care. (check one)

\_\_\_\_ my spouse

\_\_\_\_ my child

\_\_\_\_ my parent

Employee must provide at least 30 days advance written notice to National Instruments where the need for FMLA leave is foreseeable. The employee should complete the FMLA request form and provide it to Human Resources 30 days before the FMLA leave is to commence. If the leave is not foreseeable, employees must provide notice as soon as practicable which means within one or two business days of discovery by the employee of the need for leave. If the need for FMLA leave is a serious health condition employee's request for leave will not be valid and will not be approved unless employee furnishes medical certification of the serious health condition creating the need for this request. If the reason for leave was foreseeable, employee should furnish medical certification with this request for leave. If the reason for leave was not foreseeable, employee must furnish medical certification within one or two business days of discovery by employee of the need for leave and, in no event more than 15 calendar days after the date of this request for leave. National Instruments may request, at its own expense, a second or third medical opinion or recertification. A fitness-for-duty certificate from the health care provider is required when the FMLA leave is due to the serious health condition of the employee.

If eligible for FMLA leave, the leave you have requested will be counted against your 12 weeks of entitlement under the FMLA. If your leave is for your own serious medical condition or you give birth to a child, you may use sick time for the amount of time prescribed by your physician. If your leave is to help care for a family member, you may use two (2) weeks of sick time. In either situation, you may use vacation time or take unpaid time for the remainder of the twelve week period. At the first of the month, during the unpaid portion of the FMLA leave, an employee must make payments to the Company for employee's regular monthly contribution for family and dependent coverage. Upon return from FMLA leave, most employees will be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms. If you are a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. If you do not return to work following FMLA leave, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during FMLA leave.

PERIOD OF LEAVE REQUESTED (Please list dates expected to leave and return to work):

**Leave:**

**Return:**

(NOTE: If requesting a reduced work schedule or intermittent leave, you are expected to consult with your supervisor prior to scheduling treatments in order to work out a schedule which best suits your needs and the needs of the Company).

If your spouse is employed by National Instruments, has your spouse taken FMLA leave within the last 12 months?

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date Signed

Date Request Received by Human Resources: \_\_\_\_\_