



*Town of Ludlow, Massachusetts*  
*Human Resources*

**REQUEST FOR FAMILY AND MEDICAL LEAVE**

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**I request Family and Medical Leave for the following reason:**

- ☐ For the birth and care of my newborn child
- ☐ Because of a child placed in my home by adoption or foster care
- ☐ To care for an immediate family member (spouse, child, or parent) with a serious health condition
- ☐ Because I am unable to work because of a serious health condition

**I am requesting my leave begin on:** \_\_\_\_\_ *(date)* **and continue for**  
\_\_\_\_\_ *(period of time)* **based on the medical certification I:**

- ☐ provided with this request, or
- ☐ will provide by \_\_\_\_\_  
*(within fifteen (15) days from the date of request or sooner as reasonably possible)*

I understand that my group health insurance will continue for the duration of my approved leave and that I must continue to pay my regular contribution. Please continue to deduct my contribution from any payroll checks I receive while on leave. If I should begin a period of no-pay status during my approved leave, I agree to pay, on a monthly basis, the Town Treasurer directly for my share of the health insurance premium. I understand that if I do not pay my portion of the health insurance premium that my coverage may lapse, however, if I return to work at the end of the approved leave, my insurance will be reinstated.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_