County Auditor's Form 455A
Harris County, Texas (04/09)

FAMILY AND MEDICAL LEAVE APPLICATION

Date: _____

TO: _____
Supervisor's Name

FROM: _____
Employee Name Printed

_____
Employee ID (EID)

_____
Employee Signature

_____
*Current Date of Hire – (Month/Day/Year)

_____
**Dates of Prior Harris County Employment (if applicable)

I request family/medical leave for the following qualifying event:

☐ The birth of a child.

☐ The placement of a child (adoption or foster care).

☐ To care for my spouse, child/foster child, or parent who has a serious health condition.

☐ My own serious health condition.

☐ Military exigency leave.

☐ Military caregiver leave.

NOTE: FMLA time ends when the reason or condition for which the leave was taken stops or changes.

The above requested leave is to begin on _____ and continue through _____ .
Begin Date End Date

If the employee has less than 1* year of service, include prior** Harris County Employment, if applicable.

If the break in employment is greater than 7 years, the prior years of service do not count toward eligibility.

See County Auditor's Form 458B, *Family and Medical Leave Department Checklist,* for more instructions.