CITY OF CHICAGO APPLICATION FOR FAMILY AND MEDICAL LEAVE OR PERSONAL MEDICAL LEAVE	For Use of Risk/Benefits Management Office Only
EMPLOYEE SECTION: Name: Social Security Number: Home address: City State Zip code	Verified: Worked for the City for at least 12 months Yes No
Phone (Home):	Individual Time Record Submitted Yes No
Is your spouse also employed by the City of Chicago? No Yes If yes, please provide the following: Name: Social Security Number: Name of spouse's health plan: I understand that in order to continue medical, dental and vision benefits during FMLA leave when in no-pay status, I must pay the monthly health care contribution required of or paid by active employees. I also understand that health care contributions are due on the 1st of each month, and failure to pay required amounts within 30 days will result in	Worked at least 1250 hours in 12 months previous to leave Yes No Hours
termination of my benefits. Further, I understand that to keep my Optional Term Life Insurance or Universal Life Insurance in force, I must contact Bankers Life and Casualty and/or MetLife to make payment arrangements for the time I am on unpaid leave. If I do not meet the FMLA requirements to be placed on Family Medical Leave, I will pay the premiums under the direct pay provisions of my plan.	FMLA Approved Denied By Date Start Date End Date
Employee signature Work phone Date	
TIMEKEEPER SECTION: (DO NOT LEAVE ANY BLANKS) Date when no longer in paid status Last day at work* Indicate paid time to be used on Individual Time Record. *(Submit copy of Individual Time Record for 12 months prior to leave date)	Contribution: \$ /month Start Date If not approved employee must pay full premium
Number of hours worked in 12 months preceding leave date	\$ /month Start Date
Notified by department on: Type of leave:	
Family Medical Other	Sent to: Dept. of
Timekeeper signature Work phone Date	
Dept. approval signature Title Date	

All copies must be returned to the Risk/Benefits Management Office, DePaul Center, Room 400, 333 South State Street, Chicago, IL 60604. Employee and department will receive a copy after processing.