

Township of Pemberton
Request for Leave Covered Under the New Jersey Family Leave Act
(NJ-FLA)

I hereby request approval to take a leave of absence. My leave should be covered under the New Jersey Family Leave Act (NJ-FLA). The reason for my leave request is as follows:

_____ A serious health condition affecting your Spouse, Civil Union Partner, Child, or Parent for which I am needed to provide care; or

_____ To care for a newborn child, or because of the adoption of a child

I will need this leave beginning on _____, and I will return to work on _____.

I have read and understand the attached document Employee Rights and Responsibilities under the NJ-FLA.

If the circumstances of your leave change and you are unable to return to work as anticipated, you will be required to notify us two weeks prior to the date you intended to return.

Signature: _____ Date: _____

MAYOR OR BUSINESS ADMINISTRATOR'S APPROVAL

Mayor/Business Administrator's Signature: _____

Date: _____

Return this form to the Administration Office as soon as possible.