

Family Medical Leave Policy

1. Purpose

This Family Medical Leave Policy establishes guidelines for employees requesting leave for family and medical reasons. This policy ensures compliance with applicable laws and supports our commitment to employee well-being.

2. Eligibility

All eligible employees who meet the required criteria may request leave under this policy.

- Employee must have worked for the company for at least ____ months
- Employee must have worked at least ____ hours during the previous ____ months

3. Reasons for Leave

- Birth, adoption, or foster care placement of a child
- Caring for a spouse, child, or parent with a serious health condition
- Employee's own serious health condition
- Other qualifying exigencies, as defined by law

4. Duration of Leave

Type of Leave	Maximum Duration
Family Medical Leave	____ weeks in a ____ month period

5. Procedures

1. Submit written request for leave to supervisor or HR at least ____ days in advance, if possible.
2. Provide any required documentation to support the leave request.
3. Notify HR of any changes to the leave schedule or return date.

6. Compensation & Benefits

- Leave may be paid or unpaid as determined by law and company policy.
- Employee benefits status during leave: ____

7. Return to Work

- Employees may be required to provide a medical certification of fitness before returning to work.
- Employees will generally be reinstated to the same or an equivalent position, unless otherwise specified.

8. Policy Administration

Any questions regarding this policy should be directed to the HR department.

Approved By: _____

Date: _____