



This memo is to notify you of my need for leave under the Family and Medical Leave Act. I require a leave of absence from _____ to _____ because:

- I am temporarily unable to work because of my own serious health condition.
- I will be caring for a family member (spouse, child, or parent) with a serious health condition.

It is my understanding that I am eligible for up to 12 weeks of leave per year under the Family Medical leave Act and that I will be reinstated to my job after my leave. **It is also my understanding that Stein5, LLC dba Five Guys Burgers and Fries will continue my health insurance during my leave and payments will be made by me to continue health coverage.**

The Family and Medical Leave Act specifies that employers must provide specific written notice to an employee of rights and responsibilities regarding leave within five (5) business days if feasible of when that employee gives notice of the need for leave (29 C.F.R. 825.301). I look forward to receiving this information from you.

Please let me know immediately and in writing if you require anything further from me. I appreciate your assistance with this matter.

I acknowledge that completion of this Employee Request for FMLA form does not imply that the leave will be approved. I understand that the approval for FMLA is subject to meeting eligibility qualifications as set forth by the U.S. Department of Labor.

Employee Signature: _____

Name (print): _____ **Date:** _____

Supervisor Signature of acknowledgement: _____

Name (print): _____ **Date:** _____

Please email completed form to Lori Fleming at lori@lifesfood.net or mail to:
Life's Food, LLC.
Attn: Lori Fleming
220 N. Main Street
Mooresville, NC 28115