



20550 SOUTH CICERO AVENUE
MATTESON, IL 60443
TEL: 708/679-5800
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STATEMENT OF FAMILY RELATIONSHIP FOR
FAMILY/MEDICAL LEAVE

If you are requesting a leave to take care of a family member, please return this completed form to Benefits Department. Under the federal Family and Medical Leave Act (FMLA), you may be required to provide reasonable documentation or statement of family relationship. This reasonable documentation may take the form of a simple statement or a child's birth certificate, a court document, etc., asserting that the requisite family relationship exists.

1. I am requesting family medical leave beginning on _____ (date) and ending approximately on _____ (date) to care for my (check one):

_____ Spouse _____ Son _____ Daughter _____ Mother _____ Father

Name of family member: _____ has a serious health condition or illness or injury as defined by the FMLA, or is my child/foster child and requires my care.

2. I hereby certify that _____ (name) is my _____ (family relationship), and submit the following proof:

____ Birth Certificate ____ Marriage License ____ Court Document : _____

If no supporting documents are available, I hereby certify that _____ (name) is my:

_____ Spouse _____ Son _____ Daughter _____ Mother _____ Father

3. I understand that any misrepresentation made in this statement, or any other misrepresentation related to this FMLA request, may result in the denial of the request and discipline. I certify that all statements made herein are true and accurate to the best of my knowledge.

Employee Name: (please print) _____ Date: _____

Signature: _____



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