

FMLA Leave Periodic Status Report

Please be advised that pursuant to the federal Family and Medical Leave Act, we are entitled to make periodic inquiries regarding any changes in your status and intentions to return to work at the conclusion of your leave.

Accordingly, please complete this form and return it to Human Resources, to the attention of _____, on or before _____.

Employee name: _____ Title: _____

Leave request dated: _____ Approved by: _____

Reason for leave: _____

I hereby reaffirm my intention to return to work on _____; or

You are hereby advised that I no longer intend to return to work on my scheduled return-to-work date for the following reason:

I request a new return-to-work date of _____; or

I do not intend to return to work.

Employee signature: _____ Date: _____