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## FMLA Procedures Acknowledgement Form

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### Instructions

This form acts as a comprehensive signature acknowledgement for all of the sections within the FMLA Procedures packet:

- Family and Medical Leave Act (FMLA)
- Eligibility Requirements
- Qualifying Reasons
- Requesting FMLA Leave
- Medical Certification
- Pay
- Benefits
- Job Restoration
- Concurrent Leave
- Returning to Work
- Retaliation
- (GINA) Disclosure Statement for Family Member

**Any employee who knowingly and/or purposefully provides false information in an attempt to gain approval of FMLA may be subject to disciplinary action, up to and including termination.**

**Any employee who knowingly abuses the use of approved FMLA leave for the purpose of monetary gain, recreational pleasures, or any such actions that are deemed contrary to the basic intent of the FMLA may be subject to disciplinary action, up to and including termination.**

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### Signature

By signing below, you acknowledge receipt of the FMLA Procedures including sections as listed above. You further acknowledge that you have read, understand, and accept each statement in its entirety, and have indicated so by signing below. This Signature Acknowledgement Form will become part of your medical file.

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Employee Print Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

T Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_