

FORM A1
EXPLANATION OF PRIOR LEAVE

Under the Family and Medical Leave Act of 1993, prior leave used may be qualified as a portion of the 12 weeks of FMLA leave if certain criteria are met. To determine whether this qualification is met, please complete the following certification.

I hereby certify that my previous absence(s) during this calendar year has (have) been for the following reason(s):

Number of Days:

- _____ Birth of my son or daughter or because of the placement of a son or daughter with me for adoption or foster care.
- _____ Care for my spouse, or a son, daughter, or parent who has a serious health condition.
- _____ My serious health condition that makes me unable to perform the functions of my position.
- _____ Other reasons.

Employee

Office/Department

Date
