

EXHIBIT 11



Family and Medical Leave Request (FMLA)

Employee Name: _____

Department: _____

Phone Number: _____ Today's Date: _____

I am requesting a leave of absence for (check one):

_____ Birth or adoption of a child

_____ My own serious health condition

_____ Serious health condition for my spouse, child or parent

_____ Qualifying exigency leave for families of members of the National Guard or Reserves or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty

I am requesting this leave on a (check one):

_____ Continuous basis

_____ Intermittent basis

_____ Reduced schedule basis

Acknowledgement:

I understand I must use any sick time, family sick (if applicable), personal time, vacation time and comp time that I have while on a leave of absence. I understand I must continue to pay my benefit premiums while on a leave of absence. I understand I must comply with the Family and Medical Leave Act law requirements while I am on an approved leave. I understand there is additional paperwork that will need to be completed by my physician and myself and that I am responsible for all costs associated with having that paperwork completed. I understand if I fail to ensure the paperwork is completed, my leave will not be approved and I will be on an unapproved leave of absence which would be against policy.

Signature

Date

Please return this form to Human Resources.