REQUEST FOR LEAVE RELATED TO A FAMILY MEMBER'S DEPLOYMENT

Employee: Marcus Delgado, 3104 Westheimer Rd, Apt 210, Houston, TX 77098. **To:** Linda Park, Vice President of Sales, Brazos Industrial Manufacturing Co., 12500 Katy Freeway, Houston, TX 77079. **Request date:** November 3, 2026. **Primary work state:** WI. **Requested start:** November 23, 2026. **Anticipated return:** December 1, 2026. **Requested schedule and purpose:** Requested time away to arrange care while the service member is deployed. **Locations and employment context:** Employee works in Illinois for an employer with a Wisconsin office.

The service member is my Child. I request review of time away for the circumstances described. Arrange care during deployment. Please let me know which leave options apply. Federal qualifying-exigency leave generally involves an eligible employee's spouse, child or parent on covered foreign active duty or an impending call to it. Guard and Reserve service has additional federal contingency-order requirements. Domestic service, caregiver leave and my own uniformed service require different analyses.

Illinois family deployment

Illinois family military leave concerns orders lasting more than 30 days issued by the Governor or President. It can cover a spouse, parent, child or grandparent of the service member while qualifying orders are in effect. The usual service thresholds are 12 months and 1,250 hours in the preceding 12 months. The state definition also addresses independent contractors. For 15 through 50 employees the limit is up to 15 days of unpaid leave. For more than 50 it is up to 30 days. Under the latter provision, deduct the federal qualifying-exigency days already provided for the employee's spouse or child. Count each date once. A request for five or more consecutive workdays needs at least 14 days' advance notice. For a shorter period give practicable advance notice. Consult about scheduling when able. The employer can request military-authority certification. Use accrued vacation, personal, compensatory and other available leave first, apart from sick and disability leave. Please review Illinois eligibility, the work schedule, prior leave and the order or notice dates with me. I am requesting consideration and have not represented that a particular amount is available. My work spans or involves more than one location. Please verify which employment and leave protections apply to these facts.

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Please confirm receipt, the next steps, any requested supporting material and the decision when made. This employee request does not itself designate leave or record an employer decision.

Employee requesting consideration

_____ SIGNATURE

_____ PRINTED NAME

_____ DATE

Marcus Delgado

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