

Request for Family and Medical Leave of Absence

FAMILY AND MEDICAL LEAVE SHALL BE GRANTED UNDER THE TERMS OF POLICIES 03.12322/03.22322.

Name _____ Position/School _____ Hire Date _____

I request Family and Medical Leave for the following reason:

- My personal serious health condition
- Serious health condition of my parent
- Birth and care of my newborn child
- Placement by the state of a child with me for foster care
- Serious health condition of my child
- Serious health condition of my spouse
- Adoption of a child(ren)
- Extension of leave requested earlier on _____
- Qualified exigency in connection with a family member's covered active duty or call to active duty in the Armed Forces/Reserves:
 - spouse child parent
- Covered service member or veteran has incurred or aggravated a serious injury or illness that I believe qualifies me to take FMLA military caregiver leave:
 - spouse child parent next-of-kin

Date

The leave/extension requested will begin on _____ and end on _____.

Date

Date

If the request is for Family and Medical Leave on a reduced or intermittent basis for recurring medical treatments for a child, parent, spouse, or yourself, specify dates requested.

Employee's Signature

Date

IF YOUR SPOUSE IS EMPLOYED BY THE DISTRICT AND ALSO IS REQUESTING FMLA LEAVE CONCURRENT WITH YOURS FOR THE SAME REASON, PLEASE COMPLETE THE FOLLOWING INFORMATION.

Spouse's Name _____ Position/School _____ Hire Date _____

S/he has requested Family and Medical Leave for the following reason: Birth/care of child

- Illness of child
- Adoption/foster care of a child(ren)
- Military service injury/illness

Spouse's Signature

Date

This form was received by the following person:

Superintendent's/designee's Signature

Date

Attach completed copy of certification required by notice of eligibility and rights and responsibilities.

NOTES

- FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement that provides greater family or medical leave rights.
- Employees may file a complaint with the U.S. Department of Labor concerning an FMLA issue.

Review/Revised:6/25/13