

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)
- Covered family member's active duty or call to active duty in the Armed Forces in support of a contingency plan:
 - spouse child parent next-of-kin
- Covered family member has incurred an injury or illness in the line of duty while on active duty in the Armed Forces that has rendered or may render the family member medically unfit to perform duties of his/her office, grade, rank or rating:
 - spouse child parent next-of-kin

Extension of leave requested earlier on _____
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:7/29/10