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)
- ☐ 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

☐ 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***

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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:6/20/13