



Bridgewater-Raritan Regional School District

FMLA/NJFLA LEAVE AND TEMPORARY LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE INFORMATION

Employee Name:	
School/Location:	Job Title:

TYPE OF LEAVE

I hereby request the following type of leave:
 Disability Leave Maternity Leave Paternity Leave FMLA NJFLA
 FMLA/NJFLA Sabbatical

If requesting FMLA/NJFLA please specify the reason:
_____ Birth of my son or daughter
_____ Placement of a child with me for _____ adoption or _____ foster care

Anticipated date of birth or placement: _____

_____ Family leave to care for a spouse, son, daughter, or parent with a serious health condition
Family members full name: _____
Relationship to you: _____ Spouse _____ Parent _____ Son or daughter _____ other (if applicable)

_____ Service Member Care

_____ Temporary leave of absence:

Explain reason for the leave (provide any supporting documentation):

AMOUNT OF LEAVE

(1) I Request that the leave be granted for the following period of time:
Beginning on (date): _____ Ending on (date): _____

(2) I further request that the leave be granted for the following reduced or intermittent leave schedule:

(3) I would like to substitute the following paid leave time, if applicable, during my family medical leave, or temporary leave of absence:
Type: _____ Amount: _____

EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby certify that the following information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for my leave or any of the facts supporting the need for leave will result in denial of the leave and will subject me to discipline up to and including termination.

Signature: _____ Date: _____

I have enclosed the following documents:

- Medical Certification
- Federal FMLA Forms
- New Jersey Family Leave Insurance

MAINTAIN THIS FORM IN A CONFIDENTIAL FILE

HR Use Only		
Leave Approved: ___ Yes ___ No For what period? _____	Expected Return Date	
The following leave will be substituted:	Insurance premium to be paid as follows:	
Remarks:		
Signature	Title	Date