

Regional School District #18
Lyme-Old Lyme, Connecticut

Request for Leave Under the
Family and Medical Leave Act of 1993, as amended

Employee Name: _____ **Date of Request:** _____

School/Department: _____ **Position/Title:** _____

Hire Date: _____ **Date of Request:** _____

Employee requesting FMLA leave: _____
(Employee's name)

Please be advised that as of _____, I give you notice of my need to take family/
(today's date)

medical leave due to:

_____ The birth of a child, or placement of a child with you for adoption or foster care;

_____ Your own serious health condition;

_____ Because you are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious health condition.

_____ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on covered active duty or call to covered active duty status with the Armed Forces;

_____ Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered service member with a serious injury or illness.

I need this leave beginning on _____, and I expect the leave to continue until on or
(date)

about _____.
(date)

Employee Signature

Date