



Tupelo Public School District

Leave Request Form

INSTRUCTIONS FOR THE EMPLOYEE

Complete the form and submit to Human Resources by emailing to lbuggs@tupeloschools.com being sure employee and supervisor sign.

- **Employee will receive notification advising if leave request is approved.**

EMPLOYEE INFORMATION
Employee Name:
Work location:
Job Title:

Family Medical Leave ("FMLA")

I hereby request the following type of Family Medical Leave:

- Birth of child Placement of a child with me for adoption foster care
Anticipated date of birth/placement: _____
- Leave to care for spouse, son, daughter, or parent with a serious health condition.
Family Member’s name and relationship to employee, please include address:

- Medical Leave for my own serious health condition (specify): _____

INTERMITTENT FMLA

(leave taken in separate blocks of time due to a single qualifying reason)

I hereby request the following type of Family Medical Leave – Intermittent:

- Leave to care for spouse, son, daughter, or parent with a serious health condition.
Family Member’s name and relationship to employee, please include address:

- Medical Leave for my own serious health condition (specify): _____

District practice requires employees approved for Intermittent FMLA to recertify annually. Employee is required to request and submit recertification documentation prior to expiration of approved intermittent family medical leave.

- I acknowledge that I have read and understand the statement above regarding recertification for intermittent FMLA.

Signature

Date

I request that leave be granted for the following {ESTIMATED} period of time:

Beginning on (date): _____ Ending on (date): _____

EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby certify that the information given above is true and correct to the best of my knowledge. By typing your name on the signature line, you are signing this Request Form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Request Form.

Signature

Date

Supervisor signature

Date