

BUUSD Employee FMLA Leave Request

(Family/Medical Leave Request Form)

Eligible employees are entitled under the Family and Medical Leave Act (FMLA/VPFLA) to take up to 12 weeks or 60 working days of job-protected leave for certain family and medical reasons. Submit this request form to the Human Resources Department at least 30 days before the leave is to begin, when possible. When 30 days' advance submission of the request form is not possible, submit the request as soon as possible. BUUSD reserves the right to deny or postpone leave if you do not give adequate notice when permitted under federal and/or state law.

Employee Information

Name: _____ Job Title: _____

Today's Date: ____ ____ ____ Administrator: _____

Reason for Requesting Leave

I am requesting family/medical leave for the following reasons: (check all that apply)

- Birth of my child; to care for my newborn child
 Placement of a child with me for adoption foster care
 Leave to care for a family member (Spouse, Child, or Parent) with a serious health condition

Relationship of family member to you: _____

- My own serious health condition
 Qualifying exigency because a family member is on or has been called to covered active duty in the Regular Armed Forces (including the National Guard and Reserves) to a foreign country

Relationship of family member to you: _____

- Leave to care for a family member who is a current member of the Armed Forces (including the National Guard and Reserves) or a covered veteran and who is undergoing medical treatment, recuperation, or therapy, is in outpatient status or on temporary disability retired list for a serious injury or illness

Relationship of family member to you: _____

- Other (please explain) _____

Duration of Leave

Leave expected to begin: ____ ____ ____ Leave expected to end: ____ ____ ____

If intermittent schedule is being requested, please explain why it is needed and the proposed leave schedule:

Employee Certification and Signature

I certify that the above information is true and correct to the best of my knowledge:

Employee signature: _____ Date: ____ ____ ____

Barre Unified Union School District 120 Ayers Street Barre, VT 05641. Phone Number: 802-476-5011
Please return this document to the Human Resource Department at our email: hr@buusd.org or fax to 802-419-3500