

**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)
- Extension of leave requested earlier on \_\_\_\_\_
- 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

*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:8/12/13