

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)
- 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

Extension of leave requested earlier on _____
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*

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:6/20/13