

EXHIBIT
REQUEST FOR LEAVE UNDER FMLA

CODE:GBRIG~E(3)

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Pierce County Schools
Request for Leave under the Family and Medical Leave Act (FMLA)

Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phones: Home: (____) _____ Work: (____) _____ Cell: (____) _____

Date of Employment: _____ School: _____ Supervisor's Name: _____

Position: _____ ☐ Full-Time ☐ Part-Time

If you are married, is your spouse also employed by the Pierce County Board of Education? ☐ Full-Time ☐ Part-Time

FMLA Leave is available to eligible employees for the purposes of childbirth, adoption or foster care placement; care of the employee's child, spouse or parent with a serious health condition; for a personal serious health condition; for emergency leave arising out of the fact that the employee's spouse, parent, son or daughter is on or has been called to active military duty in support of a contingency operation; or because the employee is the spouse, parent, son or daughter, or next of kin of a seriously ill or injured servicemember.

Why Are You Requesting FMLA Leave?

A. Serious Health Condition of:

- ☐ Employee
☐ Spouse*
☐ Child*
☐ Parent*

*Name of Family Member

- B.** ☐ Birth of child
☐ Adoption of a child
☐ Placement of a child

Name of Mother

Name of Child

Date (or expected date) of birth, adoption or
placement of a foster child

C. Military Family Leave: ☐ Emergency ☐ Caregiver

When do you want to take FMLA Leave?

☐ I am requesting FMLA leave from _____ to _____
Beginning Date Ending Date

☐ I am requesting my previously approved FMLA leave to be extended through _____

Signature of Employee

Date

Signature of FMLA Administrator

Date Received

ADOPTED: 9-14-09
REVISED:

PIERCE COUNTY BOARD OF EDUCATION