



Clayton County Public Schools Division of Human Resources

FAMILY MEDICAL LEAVE REQUEST FORM

EMPLOYEE INSTRUCTIONS

This form must be completed by the employee to request a medical leave of absence. Please complete the form and forward to the Division of Human Resource Department either by email FamMedLeave@clayton.k12.ga.us or deliver to 1058 Fifth Avenue, Jonesboro, GA 30236.

EMPLOYEE INFORMATION

SSN/EMP ID _____ First Name _____ MI _____ Last Name _____

Complete Address _____ City _____ Zip Code _____

Phone Number _____ Alt. Phone Number _____

Email Address _____
(All correspondence will be sent via email only)

School/Department _____ Position _____

Employee's Supervisor/Manager _____ Phone Number _____

ABSENCE INFORMATION

Type of Leave Requested: Continuous Days Intermittent Paid Parental Leave

I am requesting Family and Medical Leave for the following dates *(maximum of 60 days per rolling calendar year)*

Beginning Date _____ Ending Date _____ Anticipated Return to Work Date _____
Prior to processing request, employee must provide anticipated (estimated) leave dates as request above.

I am requesting Paid Parental Leave for the following dates *(maximum of 15 days)*

Beginning Date _____ Ending Date _____

LEAVE IS REQUIRED FOR:

Serious Health Condition; Check one:

Employee
OR
 Spouse (name) _____ OR
 Parent (name) _____ OR
 Child (name) _____ AGE _____

Birth of Child
OR
 Adoption of a Child
 Placement of a Child
(Must provide supporting documentation)
Date (or expected date) of birth, adoption, or placement of a foster child: _____

Military:

Qualifying Exigency (call to active duty) To care for a covered service member with a qualified serious injury or illness
 Self Spouse Son Daughter Parent (do not include in-laws) Next of Kin
(Supporting documentation is required (i.e. copy of official orders))

Signature of Employee : _____ Date: _____

Signature below indicates knowledge of leave and that employee is applying for FML:

Signature of Principal/Supervisor: _____ Date: _____

Print Principal/Supervisor name: _____