

FAMILY OR MEDICAL LEAVE REQUEST FORM

INSTRUCTIONS FOR THE EMPLOYEE

- Complete the form, get your Supervisor's signature, submit to HR.
- You will be notified as to whether the leave is approved or not.

| EMPLOYEE INFORMATION | |
|-----------------------|-------------|
| Employee Name _____ | |
| Employee Number _____ | Title _____ |

| TYPE OF LEAVE |
|--|
| <p>I hereby request the following type of leave for:</p> <p>___ Birth of my son or daughter</p> <p>___ Placement of a child with me because of ___ Adoption ___ Fostercare Anticipated date of birth or placement _____</p> <p>___ To care for a spouse, son, daughter, or parent with a serious health condition Family member's full name _____ Relationship to me: ___ Spouse ___ Parent ___ Child ___ Other (if applicable)</p> <p>___ Medical leave for my own serious health condition (specify) _____</p> <p>___ Service member Care</p> <p>___ Exigency Leave</p> |

| AMOUNT OF LEAVE |
|--|
| <p>(1) I request that the leave be granted for the following period of time: Beginning on (date): _____ Ending on (date): _____</p> <p>(2) I further request that the leave be granted for the following reduced or intermittent leave schedule: _____</p> <p>(3) I would like to substitute the following paid leave time, if applicable, during my family or medical leave: Type: _____ Amount: _____</p> |

| EMPLOYEE CERTIFICATION AND SIGNATURE |
|---|
| <p>I hereby certify that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and will subject me to discipline up to and including termination.</p> <p>Signature: _____ Date: _____</p> |

MAINTAIN THIS FORM IN A FMLA CONFIDENTIAL FILE

| OFFICE USE | | |
|--|---|------------|
| Leave Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No For what period? _____ | Expected Return Date _____ | |
| The following paid leave will be substituted: | Insurance premium to be paid as follows _____ | |
| Supervisor Signature _____ | Remarks: _____ | |
| Superintendent Signature _____ | HR Coordinator Signature _____ | Date _____ |