

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

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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:7/25/13