



FMLA Leave of Absence Request

Please complete section 1 below and return to the Human Resources Department

Section 1 - To be completed by the employee

Full Name _____

Cell Phone _____

Building/Dept. _____

Title _____

Initial Application ___ YES ___ NO

Reason for Leave of Absence (list below)

Requested Intermittent/reduced work schedule ___ YES ___ NO

Estimate date/time of requested FMLA leave _____

Are you a teacher who requires a substitute in your absence? ___ YES ___ NO

Employee Signature _____ **Date** _____

Section 2 - To be completed by Human Resources Representative

Pre-approval of Leave Request ___ YES ___ NO

Denial of Leave Request ___ YES ___ NO

Processed by: _____ **Date Received** _____

Approved by: _____ **Date Received** _____