

FMLA Request

Please fill out all fields and return to Kristen Romanski at romanskik@fortmillschools.org

Today's Date:

Name of Employee Requesting FMLA Leave:

Reason for Leave (i.e., illness, birth of child, to care of ill family member) (employee not required to disclose actual diagnosis):

First date employee was out or is expected to be out:

When is employee expected to return:

School or Location of Employee:

Employee's Job Title:

Supervisor's Name: