

Regulation

PERSONNEL

6300.1

REQUEST FOR FAMILY/MEDICAL LEAVE

Employee Name: _____ Date of Request: _____

Department: _____ Position Title: _____

Hire Date: _____

I request a Family/Medical Leave for the following reason (check one):

- _____ 1. The employee's own serious health condition that renders the employee unable to work at all, or unable to perform at least one of the essential functions of the employee's job;
- _____ 2. To care for a son, daughter, spouse, or parent with a serious health condition;
- _____ 3. To adopt a child, or to receive a child into foster care;
- _____ 4. To care for the employee's newborn child;
- _____ 5. To care for a son, daughter, spouse, parent, or next of kin who is a member of the armed services and who has a serious injury or illness incurred in the line of duty; or,
- _____ 6. To respond to certain qualifying exigencies when a family member is on active duty or is called to active duty with the armed services.

Method of Leave Requested

- _____ 1. Consecutive Leave
- _____ 2. Intermittent or Reduced Leave Schedule (Specify Schedule Below)

Date leave is to begin: _____ Expected duration of leave: _____

Oriskany Central School District
Approved by the Superintendent: 09/05/2018