

REQUEST FOR LEAVE UNDER FMLA

(The following request is to be completed and returned to the Superintendent's Secretary)

Name _____

Building: GAHS GAMS Green Elem Rio Grande Elem Washington Elem

Other: _____

Request for Leave

I am requesting a leave of absence from _____ to _____ for:

- Birth of my child and/or to care for the newborn child.
- Placement of a child with me for adoption or foster care.
- To care for my: spouse child parent with a serious health condition.

Name: _____

- My own serious health condition.
- To care for a covered service member with a serious injury or illness who is my spouse, child, parent, or next of kin. Name: _____
- Due to a qualifying exigency arising out of the fact that my spouse, child, or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserve.

Name: _____

Other (Please specify): _____

Request for Intermittent or Reduced-Schedule Leave

- I request intermittent leave or reduced-schedule leave at the following times:

Schedule: _____

Reason: _____

Substitution of Paid Leave

The GCSD requires that you use all paid leaves during your time off for FMLA.

Location During Leave

I can be reached at the following during my leave:

Address: _____

Phone: _____

Employee Signature

Date