

Upper Merion Area School District

REQUEST FOR FAMILY OR MEDICAL LEAVE

Employee Name: _____

Date of Hire: _____

Job Title/Location of Assignment: _____

Date leave began (or anticipated date of leave): _____

Expected return to work date: _____

Please list name of committees and any Extra Duty / Extra Pay position you currently hold:

I am requesting a Family or Medical Leave of Absence for the following reason(s):

- ☐ Employee's Serious Health Condition (WH-380-E);
- ☐ Family Member's Serious Health Condition (WH-380-F);
- ☐ Qualifying Exigency for Military Family Leave (WH-384);
- ☐ Serious Injury or Illness of a Current Service member (WH-385);
- ☐ Serious injury or Illness of a Veteran for Military Caregiver Leave (WH385-V)

By my signature placed below, I certify that my request for Family or Medical Leave is for the reason(s) checked above. In addition, I recognize that, I must submit a completed Certification of Health Care Provider form, and that the District maintains the right to request an alternative medical review (at the District's own expense) of the facts and circumstances surrounding my request for leave of absence.

Employee Signature: _____

Date: _____