



Clayton County Public Schools

Division of Human Resources and Strategic Improvement

FAMILY AND MEDICAL LEAVE REQUEST FORM

The employee must complete this form to request a medical leave of absence. Upon completion, the form should be submitted to the Division of Human Resources and Strategic Improvement by email to FamMedLeave@clayton.k12.ga.us or delivered to 1058 Fifth Avenue Jonesboro, GA 30236

EMPLOYEE INFORMATION

Emp ID _____ First Name _____ MI ____ Last Name _____

Complete Address _____ City _____ Zip Code _____

Phone Number _____ Alt. Phone _____

Personal Email Address _____ @ _____
(All Correspondence will be sent via email only.)

School/Department _____ Position _____

Employee's Supervisor/Manager _____ Phone Number _____

FAMILY AND MEDICAL LEAVE INFORMATION:

Type of Leave Requested: (Check all applicable) Continuous Days Intermittent Paid Parental Leave
(I am requesting Family and Medical Leave for the following dates (maximum of 12 weeks rolling calendar year))

Beginning Date _____	Ending Date _____	Anticipated Return to Work Date _____
<i>Before processing the request, the employee must provide anticipated (estimated) leave dates as requested.</i>		
<i>I am requesting Paid Parental Leave for the following dates (maximum of 30 days)</i>		

Beginning Date _____	Ending Date _____
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LEAVE REQUIRED FOR:

Living and Organ Donations: (Check one)

Bone Marrow Donation (No more than 7 days) Organ Donation (no more than 30 days)

Beginning Date _____ Ending Date: _____

LEAVE REQUIRED FOR:

Serious Health Condition: (Check One)

<input type="checkbox"/> Employee: OR	<input type="checkbox"/> Birth of Child: OR
<input type="checkbox"/> Spouse (name) _____ OR	<input type="checkbox"/> Adoption of a Child: OR
<input type="checkbox"/> Parent (name) _____ OR	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Child (name) _____ Age _____	(Must provide supporting documentation)

Date (or expected date) of birth, adoption, or placement of a foster child: _____ / _____ / _____

Signature of Employee: _____ Date: _____

The signature below indicates knowledge of leave and that the employee is applying for Family and Medical Leave.

Print Department Head/Principal name: _____

Signature of Department Head/Principal: _____ Date: _____

Please return the completed FML request to FamMedLeave@clayton.k12.ga.us Clayton County Public Schools Division of Human Resources and Strategic Improvement at or deliver to 1058 Fifth Avenue Jonesboro, GA 30236

An employee who fraudulently obtains Family and Medical Leave will be subject to disciplinary action, up to and including termination.