



# FSD 145

Freeport School District

## Request for FMLA (Family/Medical Leave Act) Form

This form, along with an excuse from your physician, is to be submitted to your immediate supervisor (i.e.: building principal, director) and forwarded to the Director of Human Resources.

**Name:** \_\_\_\_\_

**Address/City:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Supervisor/  
Building Principal** \_\_\_\_\_

**Building/Location:** \_\_\_\_\_

**Dates requested for FMLA:** (start)\_\_\_\_\_ (end)\_\_\_\_\_

**Do you carry health insurance through the district?** \_\_\_\_\_

**Family/Medical leave due to:**

- \_\_\_ The birth of a child, or the placement of a child with you for adoption or foster care.
- \_\_\_ A serious health condition that makes you unable to perform the essential function for your job
- \_\_\_ A serious health condition affecting your \_\_\_ spouse, \_\_\_ child, \_\_\_ parent, for which you are needed to provide care.

**The reason for FMLA** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For HR Use:**

1. Date request received: \_\_\_\_\_
2. Is employee eligible for FMLA?  Yes  No
3. If # 2 is No, give reason: \_\_\_\_\_
4. Approved by Board on \_\_\_\_\_