



Detroit Public Schools Community District

Division of Human Resources

Benefits and Employee Health Services

3011 W. Grand Blvd., 10th Fl. Fisher Building, Detroit, Michigan 48202

Office: (313) 576-0080

Fax: (313) 748-6119

FAMILY MEDICAL LEAVE ACT (FMLA)/ILLNESS LEAVE OF ABSENCE REQUEST FORM

☐ **Original Leave Request**

☐ **Leave Extension Request**

Employee I.D. _____

I, _____, certify, under penalty of perjury of the state of Michigan,
Print Name

that the information provided herein is true and correct to the best of my knowledge.

Home Address _____

City _____ State _____ Zip Code _____

Area Code/Home Phone _____ Area Code/Cell Phone _____

Personal Email _____

Position _____

School/Worksite _____

Work Address _____

Work Phone No. _____ Work Fax No. _____

Supervisor/Administrator's Name _____

Have you taken any leave of absence in the last 12 months? [] No [] Yes

If **yes**, type of leave (e.g., Workers Comp; FMLA; Illness Leave) _____

FMLA REQUESTED FOR (check one):

☐ **Employee's serious health condition** [] Continuous [] Intermittent

☐ **Employee's job injury/Workers Compensation**

☐ **Serious health condition of a covered family member** [] Continuous [] Intermittent

☐ Spouse ☐ Son ☐ Daughter ☐ Parent

☐ Birth ☐ Adoption

☐ **Exigency for Military Family Leave**

☐ **Serious injury or illness of covered service member**

Leave Requested: From _____ To _____

Employee's Signature _____ Date _____