



Washington Central Unified Union School District

FMLA LEAVE REQUEST FORM

*Complete if you have advanced knowledge of a potential need for medical.
Return the completed form to Human Resources to be reviewed for eligibility.*

Employee's Printed Name: _____

Employee's School: _____ Employee's Position: _____

I request a leave of absence from _____ (date) to _____ (date)*
(first day of physical absence) (last day of physical absence)

for the following reason:

- ☐ For the birth of my child and/or to care for the newborn child.
- ☐ For placement of a child with me for adoption or foster care.
- ☐ To care for my family member as defined in VT State leave laws who has a serious health condition:

Name of relative: _____ Relationship: _____

☐ My own serious health condition

☐ For another reason. (Please specify): _____

It is understandable that in some cases these dates may be tentative. Use the space below for more complex time frames, including intermittent leave or reduced schedule.

Schedule: _____

Reason: _____

Substitution of Paid Leave

I request to use the following accrued leave pursuant to applicable guidelines (check all that apply):

☐ Vacation ☐ Sick ☐ Personal ☐ Other: _____

Other comments/directives: _____

If available, paid time runs concurrent with legally mandated leaves and are available according to their use in the normal course of employment/or according to statute, whichever is more lenient .

Signature

I understand that this is merely a request and not a guarantee of approved leave.

Employee Signature

Date

Principal/Supervisor Signature

Date

- Please attach Medical Providers or appropriate documentation if you have it.
- Once this request is received the Benefit Specialist will contact you with further direction.
- If you will have an alternative address or contact information during your leave, please provide:
