



Request for Family Medical Leave

Highland Park Independent School District

NAME: _____

DATE: _____

CAMPUS: _____

POSITION: _____

Reason for requesting leave (check one):

1. _____ The birth of a son or daughter and to care for my newborn son or daughter.
2. _____ The placement of a son or daughter with me for adoption or foster care.
3. _____ To care for my ☐ spouse, ☐ son or daughter or ☐ parent with a serious health condition.
4. _____ My own serious health condition that makes me unable to perform the functions of my job.
5. _____ To handle "qualifying exigencies" arising out of the deployment of my ☐ spouse, ☐ son or daughter, or ☐ parent to a foreign country with the Armed Forces (including the National Guard or Reserves).
6. _____ To care for my ☐ spouse, ☐ son or daughter, ☐ parent, or ☐ next of kin who is a covered servicemember with a serious injury or illness that was incurred or aggravated in the line of duty on active duty in the Armed Forces (including the National Guard or Reserves).

- ☐ I will need a **continuous block** of leave **from:** _____ **to** _____
- ☐ I will need a **reduced-schedule** leave **from:** _____ **to** _____
- ☐ I will need **intermittent leave** **from:** _____ **to** _____

I ☐ have ☐ have not taken family and medical leave in the past 12 months.

I understand that Highland Park ISD will require me to submit a certification in connection with my request for leave and that if I do not timely submit a complete and sufficient certification, Highland Park ISD will delay or deny the leave, continued leave, or restoration to employment, treat my absence as unexcused, and impose appropriate disciplinary action, up to and including termination of employment. I further understand that if I make any false or misleading oral or written statements in connection with my request for leave, I will be subject to appropriate disciplinary action, up to and including termination of employment. I certify that I will comply with Highland Park ISD's Family and Medical Leave Policy contained in the Employee Handbook.

Signature

Return completed form to Melinda Tubb in Human Resources: tubbm@hpsid.org, fax: 214-780-3099