FML Request Form

Submit to: Human Capital Office, Attn: Dr. Karen Gonzalez
karen.gonzalez@gpisd.org
2602 South Belt Line Road, Grand Prairie, Texas 75052
Office: 972-237-5369 Fax: 972-237-5318

EMPLOYEE INFORMATION

Full Name

Personal Email

Address

City, State, Zip

Phone Number Job Title

Supervisor

Campus or Department

TYPE OF LEAVE

☐ Consecutive

☐ Intermittent

LEAVE DATES

Anticipated absence start date # of weeks / # of days Anticipated return to work date

Anticipated effective date

REASON

☐ Surgery Surgery date

☐ Serious health condition Type of condition

☐ Birth of child/Bonding Delivery date

☐ Adoption/Foster Care Date of Proceeding

LEAVE IS REQUESTED FOR ☐ Self-Illness ☐ Child ☐ Spouse ☐ Parent

Name of family member

ELIGIBILITY

Have you worked for Grand Prairie ISD for at least one year?	☐ Yes	☐ No
Have you worked 1,250 hours during the previous 12 months?	☐ Yes	☐ No
Has Medical Certification been submitted to Human Capital?	☐ Yes	☐ No
Is this leave a result of an on-the-job injury?	☐ Yes	☐ No

CONSENT- Initial each box

If you take consecutive leave, the Human Capital department will temporarily deactivate your access to GPISD computer systems, email, and other technology platforms during your leave. After your leave begins, the Human Capital Coordinator will contact you using your personal email address. Before you can return to work, you must go to the Human Capital Department at the Education Center and complete the required clearance process. Your system access will not be restored automatically; it will be reinstated after you have been cleared to return.

I understand FMLA is an unpaid leave. ☐

I understand if I usually pay a portion of the premiums for my health insurance, I must continue to pay for these premiums just as I did before FMLA leave. ☐

I understand that I must report any changes (address/phone number) to Human Capital. ☐

I understand the **Fitness to Return to Work** form is due prior to my return date. ☐

I have read the above information and will comply with the requirements of the FMLA process.

Employee Signature Date

Revised 2026/kg