

Request for Family and Medical Leave of Absence

FAMILY AND MEDICAL LEAVE SHALL BE GRANTED UNDER THE TERMS OF POLICIES 03.12322 AND 03.22322.

Name _____ Position/School _____ Hire Date _____

I request Family and Medical Leave for the following reason:

- My personal serious health condition
- Serious health condition of my child
- Serious health condition of my parent
- Serious health condition of my spouse
- Birth and care of my newborn child
- Adoption of a child(ren)
- Placement by the state of a child with me for foster care
- Covered family member's active duty or call to active duty in the Armed Forces in support of a contingency plan:
 - spouse child parent next-of-kin
- Covered family member has incurred an injury or illness in the line of duty while on active duty in the Armed Forces that may render the family member medically unfit to perform duties of his/her office, grade, rank or rating:
 - spouse child parent next-of-kin

Extension of leave requested earlier on _____

The leave/extension requested will begin on _____ *Date* and end on _____ *Date*

If the request is for Family and Medical Leave on a reduced or intermittent basis for recurring medical treatments for a child, parent, spouse, or yourself, specify dates requested. _____

Employee's Signature _____ *Date*

IF YOUR SPOUSE IS EMPLOYED BY THE DISTRICT AND ALSO IS REQUESTING FMLA LEAVE CONCURRENT WITH YOURS FOR THE SAME REASON, PLEASE COMPLETE THE FOLLOWING INFORMATION.

Spouse's Name _____ Position/School _____ Hire Date _____

S/he has requested Family and Medical Leave for the following reason: Birth/care of child Illness of child Adoption/foster care of a child(ren) Military service injury/illness

Spouse's Signature _____ *Date*

This form was received by the following person:

Superintendent's/designee's Signature _____ *Date*

Attach completed copy of certification required by notice of eligibility and rights and responsibilities.

REVIEW/REVISED: 7/21/09