

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
- Qualified exigency in connection with a family member's covered active duty or call to active duty in the Armed Forces/Reserves:
 - spouse child parent
- Covered service member or veteran has incurred or aggravated a serious injury or illness that I believe qualifies me to take FMLA military caregiver leave:
 - spouse child parent next-of-kin

Extension of leave requested earlier on _____ *Date*

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. _____

In requesting family leave, I certify that all information on this application is true and that I will abide by the regulations governing family leave.

Employee's Signature _____
Date

FOR AGENCY USE ONLY:

Family Leave Approved _____ For Dates _____ To _____
Family Leave Denied _____
Family Leave Balance as of this date _____

Superintendent's/designee's Signature _____
Date

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

NOTES

- FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement that provides greater family or medical leave rights.
- Employees may file a complaint with the U.S. Department of Labor concerning an FMLA issue.

Review/Revised:8/19/13