FAMILY AND MEDICAL LEAVE REQUEST FORM

To: FROM:	Superintendent Family and Medical Leave To be eligible for Family and Medical Leave, an employee must have been employed with the Board for at least 12 months at least 1,250 hours during the past 12 months.	
SUBJECT: ELIGIBILITY:		
	mily Medical Leave may be requested only for the follow ick spouse, child or parent, and 4) Serious health condit.	ing reasons, 1) Birth of a child, 2) Adoption or placement of a on of an employee.
DATE: SCHOOL:		
() Birth of a c() Placement	child of a foster child rsonal health condition	official duties due to the following reason: () Care of a sick spouse () Care of a sick child () Care of a sick parent
Date Leave to	Begin:	
Date of Return	n to Duties:	
may use accrued sick	For the birth of a child, care of a sick spouse, child, or	parent, or serious health condition of the employee, an employee leave. For the adoption of a child or placement of a foster child, ve.
I would like to Leave:	o use the following accumulated leave	as part of my approved Family and Medical
() Personal le	Number of days to be usedeave Number of days to be usedeays Number of days to be used	·
NOTE: Use of	accrued leave days must be approved in advance of begi	nning Family and Medical Leave.
	d the Family and Medical Leave Pol fully cognizant of its terms and cond	cy, filed GALBEA, and I am making this itions.
Employee: _		Date:
Principal:		Date:
Superintenden	ıt:	Date: