

# FAMILY AND MEDICAL LEAVE REQUEST FORM

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To: Superintendent

FROM: \_\_\_\_\_

SUBJECT: Family and Medical Leave

*ELIGIBILITY: To be eligible for Family and Medical Leave, an employee must have been employed with the Board for at least 12 months and have worked for at least 1,250 hours during the past 12 months.*

*REASONS: Family Medical Leave may be requested only for the following reasons, 1) Birth of a child, 2) Adoption or placement of a child, 3) Care of a sick spouse, child or parent, and 4) Serious health condition of an employee.*

DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

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I hereby request Family and Medical leave from my official duties due to the following reason:

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|--|--|
| <input type="checkbox"/> Birth of a child                  | <input type="checkbox"/> Care of a sick spouse |
| <input type="checkbox"/> Placement of a foster child       | <input type="checkbox"/> Care of a sick child  |
| <input type="checkbox"/> Serious personal health condition | <input type="checkbox"/> Care of a sick parent |
| <input type="checkbox"/> Adoption of a child               |  |

Date Leave to Begin: \_\_\_\_\_

Date of Return to Duties: \_\_\_\_\_

### Use of accrued leave days

*CONDITIONS: For the birth of a child, care of a sick spouse, child, or parent, or serious health condition of the employee, an employee may use accrued sick leave, personal leave, or vacation days as part of FMLA leave. For the adoption of a child or placement of a foster child, an employee may use personal leave or vacation leave as a part of FMLA leave.*

I would like to use the following accumulated leave as part of my approved Family and Medical Leave:

- Sick leave -- Number of days to be used \_\_\_\_\_.
- Personal leave -- Number of days to be used \_\_\_\_\_.
- Vacation days -- Number of days to be used \_\_\_\_\_.

*NOTE: Use of accrued leave days must be approved in advance of beginning Family and Medical Leave.*

***I have read the Family and Medical Leave Policy, filed GALBEA, and I am making this request being fully cognizant of its terms and conditions.***

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_