



Habersham County Schools – HR Department
PO BOX 70

Clarkesville, GA 30523

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REQUEST FOR FAMILY MEDICAL LEAVE

EMPLOYEE IDENTIFICATION

(Last Name) (First Name) (Middle Name) (Social Security #)

(Mailing Address) (City/State) (Zip Code)

Signature: _____ Date: _____

Job Title: _____ School/Facility: _____

Family Medical Leave is available to qualifying employees for the purpose of childbirth, adoption, or foster care placement; care of the employee's child, spouse, or parent; for personal disability; military qualifying exigency leave, and military caregiver leave. Family Medical Leave is **unpaid** leave. However, you may choose to use any accumulated sick leave you have earned. If your earned leave days are exhausted, **you will be placed on unpaid leave.** See attached FMLA Rights and Responsibilities.

Requested Start Date: _____ Anticipated End Date: _____

I am requesting Family Medical Leave for the following reason:

- Birth of a Child
 Personal Illness/Disability
 Care of Family Member

Name: _____ Relationship: _____

- Adoption/Foster Care Placement

Date of Placement: _____ (Attach Documentation of Birth, Adoption or Foster Care)

- Military Leave

____ Care for injured or ill military family member (Up to 26 weeks with medical documentation)

____ Qualifying Exigency Leave (Up to 12 weeks with military orders and supporting documentation)

EMPLOYER'S RESPONSE

____ Employee is qualified for requested leave under the Family Medical Leave Act

____ Employee is not qualified for requested leave under the Family Medical Leave Act because:

____ Employee has not been employed for the qualifying previous 12 months

____ Employee has not worked the required 1250 hours during the previous 12 months

____ Employee has already used the annual allotment of Family Medical Leave

____ Date _____ Signature – HR _____ Approved _____ Modified _____ Denied