

JACKSONVILLE CITY BOARD OF EDUCATION
123 College Street SW, Jacksonville, AL. 36265

FMLA AND MEDICAL LEAVE REQUEST FORM

To: Superintendent of Education From: _____

Date: _____ School: _____

Type of Leave Requested: **FMLA** **Medical**

Are you a member of the sick bank Yes No

If yes, are you requesting catastrophic leave Yes No

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

- The birth of a child or placement of a child with you for adoption or foster care.
- Your own serious health condition.
- Because you are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious health condition.
- Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered service member with a serious injury or illness.

Type of Leave: Continuous Intermittent
(Uninterrupted block of time) (Occurring occasionally or at regular or irregular intervals)

The expected date on which I would like to begin such leave is: _____

The expected date on which I would like to resume my duties is: _____

I would like to use the following accumulated leave as a part of my leave:

SICK LEAVE Number of days to be used _____

PERSONAL LEAVE Number of days to be used _____

VACATION LEAVE Number of days to be used _____

Employee Signature: _____ Date: _____