



Rocky Hill Public Schools Certified Staff Official Request for FMLA Leave for Maternity/Childrearing

Date: _____

Name: _____

Position: _____

Location: High School Middle School Stevens West Hill Pathways

Effective _____ I give you notice of my need to take up to 12 weeks of family medical leave due to the birth of a child or placement for adoption or foster care.

Medical leave will begin on _____ (due date), and end on _____.
(Six or eight weeks depending on type of birth. Employee will use available sick time during medical leave.)

Childrearing/bonding leave will begin on _____ and end on _____.
(Up to six or four additional weeks totally 12 weeks for FMLA. This leave is without pay.)

Additional childrearing leave beyond FMLA requested per RHTA contract:

(Employee can request leave without pay for the remainder of the school year and (1) additional year.)

Return to work effective: _____

Signature _____