



Rocky Hill Public Schools
Employee Official Request for FMLA or
Extended Leave of Absence

Date: _____

Name: _____

Position: _____

Location: High School Middle School Stevens West Hill Pathways

Please check one

Effective _____ I give you notice of my need to take family
medical leave due to:

_____ The birth of a child or placement for adoption or foster care; or

_____ A serious health condition that I need care for, or

_____ A serious health condition affecting my spouse, child, parent, for which
I am needed to provide care.

I need this leave beginning on _____, and I expect the leave to continue
until on or about _____.

Signature _____