# Request for Family and Medical Leave of Absence

**FAMILY AND MEDICAL LEAVE SHALL BE GRANTED UNDER THE TERMS OF POLICIES 03.12322/03.22322.**

**Name** _____ **Position/School** _____ **Hire Date** _____

I request Family and Medical Leave for the following reason:

- ☐ My personal serious health condition
- ☐ Serious health condition of my parent
- ☐ Birth and care of my newborn child
- ☐ Placement by the state of a child with me for foster care
- ☐ Serious health condition of my child
- ☐ Serious health condition of my spouse
- ☐ Adoption of a child(ren)
- ☐ Qualified exigency in connection with a family member's covered active duty or call to active duty in the Armed Forces/Reserves:
  ☐ spouse ☐ child ☐ parent
- ☐ Covered service member or veteran has incurred or aggravated a serious injury or illness that I believe qualifies me to take FMLA military caregiver leave:
  ☐ spouse ☐ child ☐ parent ☐ next-of-kin

☐ Extension of leave requested earlier on _____
***Date***

The leave/extension requested will begin on _____ and end on _____.
***Date*** ***Date***

If the request is for Family and Medical Leave on a reduced or intermittent basis for recurring medical treatments for a child, parent, spouse, or yourself, specify dates requested.

_____ _____
***Employee's Signature*** ***Date***

**IF YOUR SPOUSE IS EMPLOYED BY THE DISTRICT AND ALSO IS REQUESTING FMLA LEAVE CONCURRENT WITH YOURS FOR THE SAME REASON, PLEASE COMPLETE THE FOLLOWING INFORMATION.**

**Spouse's Name** _____ **Position/School** _____ **Hire Date** _____

S/he has requested Family and Medical Leave for the following reason: ☐ Birth/care of child
☐ Illness of child ☐ Adoption/foster care of a child(ren) ☐ Military service injury/illness

_____ _____
***Spouse's Signature*** ***Date***

==========

This form was received by the following person:

_____ _____
***Superintendent's/designee's Signature*** ***Date***

***Attach completed copy of certification required by notice of eligibility and rights and responsibilities.***

**NOTES**

- FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement that provides greater family or medical leave rights.
- Employees may file a complaint with the U.S. Department of Labor concerning an FMLA issue.

Review/Revised:6/10/2013