

REQUEST FOR FAMILY & MEDICAL LEAVE
(to be filed at least 30 days in advance of leave)

Employee's Name _____ Position _____

Building _____ Date _____

I hereby request Family & Medical Leave from _____ to _____

For (circle one):

1. The birth of a child or the placement of a child with the Employee by way of adoption or Foster care;
2. To care for a newborn, adopted child or foster child within one year of the child's arrival;
3. To care for an immediate family member (son, daughter, spouse, or parent) with a serious Health condition; or
4. The Employee's own serious health condition prevents him/her from performing the functions of his/her job.

Explain the reason for your Request:

Does Employee's spouse work for the District? Yes No

Would an intermittent or reduced leave schedule meet your needs? Yes No

If Yes, specify a schedule that would meet your needs:

Date _____ Employee's Signature _____

FOR OFFICE USE ONLY

Employee's accumulated sick leave _____

Intermittent or reduced leave schedule and alternative position employee assigned to (if applicable):
