

(School District / ISD)
Family and Medical Leave Request Form
(To be filled out by employee and returned to Director)

Employee Name: _____ Date: _____

Job Title: _____ Department: _____

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) for up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons. Submit this request form to your supervisor at least 30 days before the leave is to commence, when practicable. The employer reserves the right to deny or postpone leave for failure to give appropriate notice when such denial/postponement would be permitted under federal or state law.

ELIGIBILITY: Fulltime (School District/ISD) employee for the past 12 months (fulltime school-year also qualifies).

DATES OF LEAVE REQUESTED: _____ to _____

REASON FOR REQUESTED LEAVE (Please check the appropriate box):

- Birth of my child and/or to care for the newborn child.
Date of birth: _____
- Placement of child with me for adoption or foster care.
Date of placement: _____
- To care for my family member (spouse, child, or parent) with a serious health condition.
Relationship: _____
- My own serious health condition (see attached).

I intend to draw down the following earned time to be paid to me while on FMLA:

- Sick Days _____ Vacation Days _____ Personal Days _____

EMPLOYEE STATEMENT:

I agree to return to work on _____. If circumstances change such that I will not be able to return to work on that date, I agree to inform my supervisor. I understand that my benefits will continue during my FMLA leave and that I will arrange to pay my share of applicable premiums.

Following a leave because of my own serious illness, I must have my physician authorize in writing, my ability to return without any restrictions that would substantially limit me in performing my job duties.

Signature: _____ Date: _____

For Office Use Only

Approved/Denied

Please confer with Business Office before final approval

Director

Date

Superintendent

Date

Board of Education

Date