

Request for Family and Medical Leave of Absence

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

Name _____ Position/School _____

Social Security Number _____ Hire Date _____

I request Family and Medical Leave for the following reason:

- My personal serious health condition
- Serious health condition of my parent
- Birth of my 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)

Extension of leave requested earlier on _____

The leave/extension requested will begin on _____ *Date* and end on _____ *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 IS REQUESTING FMLA LEAVE CONCURRENT WITH YOURS , FEDERAL LAW LIMITS THAT LEAVE TO A COMBINED TOTAL OF TWELVE (12) WEEKS FOR THE HUSBAND AND WIFE FOR THE REASONS LISTED BELOW. PLEASE COMPLETE THE FOLLOWING INFORMATION IF THIS APPLIES TO YOUR SITUATION.

Spouse's Name _____

Position/School _____

Social Security Number _____ Hire Date _____

I request Family and Medical Leave for the following reason:

- Birth of my child
- Adoption of a child(ren)
- Serious health condition of a parent

Spouse's Signature *Date*

WHEN APPLICABLE, INSURANCE PREMIUMS TO CONTINUE FAMILY INSURANCE COVERAGE SHALL BE

- Paid by employee
- Paid by District.

Superintendent's/designee's Signature *Date*

Attach completed copy of Certification of Physician or Practitioner (03.12322 AP.22) to this form.

RELATED PROCEDURE:

03.12322 AP.22

Review/Revised:11/21/2002