

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

Employee's Name _____ Position _____

Building _____ Date _____

I hereby request Family and 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.
4. The employee's own serious health condition prevents him or her from performing the functions of his or 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:

Employee signature _____ Date _____

FOR OFFICE USE ONLY

Employee's accumulated sick leave _____

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