# Request for Family and Medical Leave of Absence

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/School</th>
<th>Hire Date</th>
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</table>

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)
- [ ] Extension of leave requested earlier on ____________________

**Date**

The leave/extension requested will begin on ___________ 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 ALSO IS REQUESTING FMLA LEAVE CONCURRENT WITH YOURS FOR THE SAME REASON, PLEASE COMPLETE THE FOLLOWING INFORMATION.**

<table>
<thead>
<tr>
<th>Spouse’s Name</th>
<th>Position/School</th>
<th>Hire Date</th>
</tr>
</thead>
</table>

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: 8/12/13