

EMPLOYEE FAMILY AND MEDICAL LEAVE REQUEST FORM

Date: \_\_\_\_\_

I, \_\_\_\_\_, request family and medical leave (according to The Family and Medical Leave Act of 1993) for the following reason: (check all that apply)

- Birth of my child;
- Placement of a child for adoption or foster care;
- Care for my family member (child, parent, spouse) who has a serious health condition;
- I am seriously ill and unable to perform the essential functions of my position;
- Extended leave for illness/surgery

I request that my family and medical leave begin on or around \_\_\_\_\_ and I request leave as follows:

- Continuous
- Intermittent (please describe the intermittent leave below)

\_\_\_\_\_  
\_\_\_\_\_

- Reduced work schedule (please describe the reduced work schedule below)

\_\_\_\_\_  
\_\_\_\_\_

I anticipate returning to work at my regular schedule on or around \_\_\_\_\_.

I acknowledge that the above information is true to the best of my knowledge.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please return to the Business Office.

Office Use:

Date received: \_\_\_\_\_ Approved / Denied

Office Signature: \_\_\_\_\_

EMPLOYEE FAMILY AND MEDICAL LEAVE

While on family and medical leave, I agree to pay my regular contributions to employer-sponsored benefits. My contributions will be deducted from wages owed to me during the leave period. If no wages are paid during any part of my leave, I agree to reimburse the school district for my contributions. I understand that I may be dropped from the employer-sponsored benefit plans for failure to pay my contributions.

Following are the employer-sponsored benefits in which I participate:

\_\_\_\_\_ Medical Insurance

\_\_\_\_\_ Dental Insurance

\_\_\_\_\_ Life Insurance

I plan to cover any part of my leave by using the following: (please indicate # of days you will be using in each category)

\_\_\_\_\_ Personal days:

\_\_\_\_\_ Sick leave:

\_\_\_\_\_ Family Illness (max. of 10, comes from sick leave balance):

\_\_\_\_\_ Vacation

Here is how I would like the paid leave to be applied:

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_