

**FAMILY LEAVE REQUEST FORM**

**TO NOTIFY INTENT TO QUALIFY FOR PROTECTIONS  
UNDER THE FAMILY MEDICAL LEAVE ACT (FMLA)**

District policy requires written notice 30 days in advance or as soon as practicable

Name (please print): \_\_\_\_\_ Job Title: \_\_\_\_\_

School/Location(s): \_\_\_\_\_ Multiple Locations:  Yes  No

Employee ID #: \_\_\_\_\_ Have all Principals been notified? :  Yes  No

During the prior 12-month period, did you work part-time? :  Yes  No

**Type of Leave (check one)**

\_\_\_\_\_ The birth of a child;

\_\_\_\_\_ Placement of a child with you for adoption or foster care;

\_\_\_\_\_ Your own serious health condition;

\_\_\_\_\_ Because you are needed to care for your: \_\_\_\_\_ spouse; \_\_\_\_\_ child;  
\_\_\_\_\_ parent due to his/her serious health condition;

\_\_\_\_\_ Because of a qualifying exigency arising out of the fact that your: \_\_\_\_\_ spouse;  
\_\_\_\_\_ son or daughter; \_\_\_\_\_ parent is on active duty or call to active duty status  
in support of a contingency operation as a member of the National Guard or Reserves;

\_\_\_\_\_ Because you are the: \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent;  
\_\_\_\_\_ next of kin of a covered service member with a serious injury or illness.

**FIRST DATE OF LEAVE:** \_\_\_\_\_

Continuous Leave \_\_\_\_\_ Intermittent Leave \_\_\_\_\_

TOTAL DAYS REQUESTED (estimate if not known) \_\_\_\_\_

Date Leave Ends (estimate if not known) \_\_\_\_\_

As evidenced by my signature below, I have reviewed the policy and procedures of the Board regarding family leave and agree to abide by their provisions. (Policies and procedures are available on HR Blog Site.)

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Additional Supervisor's Signature Date

\_\_\_\_\_  
Superintendent's Designee's Signature Date

Status of Request:  Approved  Denied