



FMLA Request Form

To notify intent to qualify for protections under the Family Medical Leave Act.
District policy requires written notice 30 days in advance or as soon as practicable.

Name (please print): _____ Job Title: _____

School/Location: _____ Employee ID #: _____

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

Principals notified: ___ Yes ___ No Have you been employed with DPS for at least 1 year: ___ Yes ___ No

Type of Leave Requested (check one):

- The birth of a child;
- Placement of a child with you for adoption or foster care;
- Your own serious health condition;
- You are needed to care for your family member due to a serious health condition. Your family member is your:
 ___ Spouse ___ Parent ___ Child
- A qualifying exigency arising out of the fact that your family member is on covered active duty or has been notified of an impending call or order to covered active duty status. Your family member is your:
 ___ Spouse ___ Parent ___ Child
- You are needed to care for your family member who is a covered servicemember with a serious injury or illness. You are the servicemember's:
 ___ Spouse ___ Parent ___ Child ___ Next of kin

Method of Leave Requested:

- Continuous
- Intermittent

First Date of Leave/Effective Date: _____ Total Days Requested: _____

Return to Work Date: _____

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 the HR Blog Site).

Employee Signature Date

Principal/Supervisor's Signature Date

Additional Supervisor's Signature Date

Superintendent's Designee's Signature Date

Status of Request:

- Approved
- Denied