

**Request for Family and Medical Leave of Absence**

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| FAMILY AND MEDICAL LEAVE SHALL BE GRANTED UNDER THE TERMS OF POLICIES 03.12322/03.22322. |
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Name Michelle Perkins Position/School Teacher / LE Hire Date 8/03

I request Family and Medical Leave for the following reason:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> My personal serious health condition                       | <input type="checkbox"/> Qualified exigency in connection with a family member's covered active duty or call to active duty in the Armed Forces/Reserves:                            |
| <input type="checkbox"/> Serious health condition of my parent                                 | <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent   |
| <input type="checkbox"/> Birth and care of my newborn child                                    | <input type="checkbox"/> Covered service member or veteran has incurred or aggravated a serious injury or illness that I believe qualifies me to take FMLA military caregiver leave: |
| <input type="checkbox"/> Placement by the state of a child with me for foster care             | <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> next-of-kin  |
| <input type="checkbox"/> Serious health condition of my child                                  |  |
| <input type="checkbox"/> Serious health condition of my spouse                                 |  |
| <input type="checkbox"/> Adoption of a child(ren)  |  |
| <input checked="" type="checkbox"/> Extension of leave requested earlier on <u>Jan 5, 2015</u> |  |

The leave/extension requested will begin on 2/2 <sup>Date</sup> and end on 5/18/15 <sup>Date</sup>

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.

Michelle Perkins  
Employee's Signature

1/12/15  
Date

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| 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. |
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Spouse's Name \_\_\_\_\_ Position/School \_\_\_\_\_ Hire Date \_\_\_\_\_

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

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| Attach completed copy of certification required by notice of eligibility and rights and responsibilities. |
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**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