FAMILY, MEDICAL and MILITARY LEAVE REQUEST

Employee: _____ **Date:** _____

Job Title: _____ **Supervisor:** _____

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons. Eligible employees are entitled under the Family and Medical Leave Act (FMLA) up to 26 weeks of unpaid, job-protected leave for military caregiver leave.

Submit this request form to your supervisor at least 30 days before the leave is to commence, when practicable. When submission of the request 30 days in advance is not practicable, submit the request as early as is practicable. The employer reserves the right to deny or postpone leave for failure to give appropriate notice when such denial/postponement would be permitted under federal or state law.

ELIGIBILITY

(Reference Board Policy Code #402.7 – Administrative Rules - Eligibility):

1. Counting any periods of time that you worked for the company (whether they were consecutive or not) have you worked for the company for a total of 12 months or more? Yes / No

   (If yes, continue to next question. If no stop here.)

2. During the past 12 months, have you worked at least 1,250 hours (approximately eight months at 40 hour weeks or one year of 25-hour weeks)? (If yes, continue to next question. If no stop here.) Yes / No

3. Have you previously received medical or family leave? (If yes, provide information below:) Yes / No

   Date of leave: From _____ To _____

   Purpose of leave _____

   Have you taken any intermittent leave? Yes / No

4. Have you taken time off from scheduled hours? Yes / No

   (If yes provide details:)_____

REASONS FOR REQUESTING LEAVE:

(Reference Board Policy Code #402.7 – Administrative Rules-Reasons)

Leave may be granted for only the following reasons. Please mark the ones that apply to you.

I am requesting leave for:

1. Personal serious health condition
2. Serious health condition of (Reference Board Policy Code #402.7 – Medical Certification Item #8):
   - i. Spouse Name: _____
   - ii. Child Name: _____
   - iii. Parent Name: _____
   - iv. Birth of a child expected delivery date is: _____

3. Adoption or placement of a child for foster care
    i. Child's Name: _____
    ii. Scheduled date of adoption or placement: _____
4. Because of a qualifying exigency arising out of the fact that my ___ spouse; ___ son or daughter; ___ parent is on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
5. Because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.

DATES OF LEAVE REQUESTED:

(Reference Board Policy Code #402.7 – Administrative Rules - Types of Leave):

I request leave from _____ To _____

I request intermittent leave according to the following schedule:

_____

_____

I request a reduced schedule leave according to the following schedule:

_____

_____

The total number of days of leave that I request is _____

REQUEST FOR USE OF PAID LEAVE

(Reference Board Policy Code #402.7 – Administrative Rules - Use of Paid Leave):

Number of Sick Days to be used:_____

Number of Vacation Days to be used:_____

Number of Personal Days to be used:_____

EMPLOYEE STATEMENT:

I agree to return to work on _____. If circumstances change such that I will not be able to return to work on the date, I agree to inform my supervisor. I understand that my benefits will continue during my leave and that I will arrange to pay my share of applicable premiums. I will also provide a doctors release to work on my return.

Signature: _____ Date: _____

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COMPLETED BY HUMAN RESOURCES

Long Term substitute staff who will be filling in during this employee's absence:_____

Leave is: ____ Approved _____ Denied for the following reason(s):_____

Signature: _____Date: _____