

**REQUEST FOR FAMILY & MEDICAL LEAVE**

(to be filed at least 30 days in advance of leave)

Employee's Name \_\_\_\_\_ Position \_\_\_\_\_

Building \_\_\_\_\_ Date \_\_\_\_\_

I hereby request Family & Medical Leave from \_\_\_\_\_ to \_\_\_\_\_  
for:

- the birth of a child or the placement of a child with the Employee by way of adoption or foster care;
- to care for a newborn, adopted child or foster child within one year of the child's arrival;
- to care for an immediate family member (son, daughter, spouse, or parent) with a serious health condition; or
- the Employee's own serious health condition prevents him/her from performing the functions of his/her job.

Explain the reason for your request: \_\_\_\_\_

Does Employee's spouse work for the District?  Yes  No

Would intermittent or reduced leave schedule meet your needs?  Yes  No

If yes, please specify a schedule that would meet your needs: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

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**FOR OFFICE USE ONLY**

Employee's accumulated sick leave \_\_\_\_\_

Intermittent or reduced leave schedule and alternative position Employee assigned to (if applicable): \_\_\_\_\_

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