

Request for Leave of Absence Family & Medical Leave Act (FMLA)



**For reasons relating to Childbirth or Personal Disability;
Child Care for a Newborn Baby or for a
Recently Adopted Child or Foster Care Placement;
Parent or Spouse with a Serious Health Condition**

The employee requesting FMLA leave must provide a minimum of 30 days advance notice when the leave is foreseeable.

Name: _____	Social Security # _____
Position: _____	Building/Dept. _____
Address: _____	Phone: _____

This form is to provide notice to the Eastmont School District that I need to be absent from duty for more than three (3) days for the reason(s) listed below and the estimated time periods noted below:

	Reason	From First Day of Absence	To Last Day of Absence	Number of Work Days During Period
	Adoption/Foster Care Placement			
	Childbirth			
	Childcare			
	Personal Disability			
	Serious Health Condition of Family Member			

I expect to return to duty on: _____
Day of week
Date

Employee Signature Date

Additional information should be provided below at the earliest possible date. Verification of the related condition must be completed by a physician or medical care provider.

Adoption: A child (was/will be) adopted or placed on _____ (date). Submit a copy of the adoption papers. Adoption leave is available during a period of one year following the date of adoption.

Childbirth: The birth of a child is expected on _____ (date). Submit a physician or medical care provider verification.

Child Care: The employee may begin the leave on the “certified date to resume normal duties” in the event of childbirth or at any time prior to the baby’s achieving the age of one year. Submit a copy of a physician or medical care provider verification if the mother works for the Eastmont School District. Submit a birth certificate if this leave is requested by the father (and the mother does not work for the Eastmont School District).

Personal Disability: Submit a physician or medical care provider verification of disability. This should be completed no later than the fourth day of absence of the employee.

Sick Family: Submit a physician or medical care provider verification. This should be completed no later than the fourth day of absence of the employee. The following information should also be provided.

Relationship of Family Member to Employee (check one):		
Child	<input type="checkbox"/>	Name of Family Member:
Parent	<input type="checkbox"/>	Address:
Spouse	<input type="checkbox"/>	Telephone:

Authorization for Anticipated Leave

This request for leave of absence is tentatively approved as per the dates noted above. Final approval is subject to receipt of appropriate medical certification from a health care provider or other required documentation.

Executive Director of Human Resources

Date