Haslett Public Schools

Employee Request for Family and Medical Leave

Date: _____

To: _____
Principal / Supervisor

From:_____
Employee

Subject: Request for Family and Medical Leave

This is to request Family and Medical Leave. If approved, I understand that this period of leave will count toward the twelve (12) weeks entitlement of the Family and Medical Leave Ace. The twelve (12) month period for Haslett Public School employees is a rolling year (beginning with the first absence of the qualifying event).

I wish the leave for the period of: Start Date _____

Return Date _____

I request the leave to be: _____ With pay, using my accrued leave along with sick bank, if applicable

_____ Intermittent leave

If paid or intermittent leave use: _____ Sick leave – Balance of days in my bank _____

_____ Personal Business – Balance of days in my bank _____

Reason for requested leave:

_____ The birth of a child
_____ The placement of a child for adoption or foster care
_____ My personal illness/serious health condition
_____ A serious health condition affecting my:
_____ _____ _____ for which I am needed to provide care.
Spouse Child Parent

I understand that medical certification from a physician or qualified health care provider may be required for leaves due to the serious health condition of the employee or the employee's spouse, child or parent. I also understand that I am responsible for continuing payment of my employee share of insurance premiums.

_____ _____
Employee's Signature **Date**

Please send completed form to Laura Carr in the Business Office.