

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 Act. 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.