

Holly Area Schools Request for Family Medical Leave (FMLA)

Section 1 - Employee Section

Employee Name:	Date:
Building:	Assignment:

I request a leave of absence under the Family and Medical Leave Act (FMLA) for one of the following reasons:

- The birth of a child - Estimated date of delivery _____ or Placement of a child for adoption or foster care - Estimated date of placement _____;
- My own serious health condition;
Certification of Healthcare Provider may be required
- Because I am needed to care for ___ spouse; ___ child; ___ parent due to his/her serious health condition;
Certification of Healthcare Provider may be required
- Because of a qualifying exigency arising out of the fact that my ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves;
- Because I am the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.

Method of Leave Requested (please check one):

- Consecutive Leave
From: _____ Through: _____
- Intermittent Leave (Expected Days/Weeks/Months on Leave)
From: _____ Through: _____

Request to Use Accrued Paid Leave/Sick Days

(If requested leave is for employee's own serious illness, accrued paid leave/sick day usage is required)

- Yes Number of days requested: _____
- No

Employee's Signature

Date

EMPLOYEE RIGHTS & RESPONSIBILITIES UNDER THE FAMILY MEDICAL LEAVE ACT ENCLOSED

Employer Information:	Has employee worked for Holly Area Schools for at least 12 months?	___ Yes ___ No
	Has employee worked at least 1,250 hours within the last 12 months?	___ Yes ___ No