Employee Request for Family or Medical Leave

An employee seeking (or confirming) a family or medical leave must check all applicable boxes, sign, and submit to his/her supervisor at least thirty (30) days prior to the desired start date of the leave (if practicable because the leave is foreseeable) or as soon as practicable if the leave has already begun or was not foreseeable. Leave requests for any qualifying exigency for military family leave must be submitted as soon as practicable.

Section I

Name: ________________________________________________________________

Position/Department/Location: ____________________________________________

Personal Email address to send documents: _________________________________

I request leave for the following reason:

☐ Because of the (anticipated) birth of my child (including prenatal care medical visits).
☐ Because of the placement of a child with me _____ for adoption or _____ for foster care
   Expected date of birth or placement of child: _____________________________
☐ In order to care for my _____ spouse _____ son or daughter, _____parent who has a serious health
   condition.
☐ Because of my own serious health condition that makes me unable to work or unable to perform the
   functions of my job.
☐ Because of a qualifying exigency arising out of the fact that my _____ spouse _____ son or daughter
   _____ parent is on (or has been notified of an impending call to) covered active duty in the Armed
   Forces.
☐ To care for my_____ spouse _____ son or daughter _____ parent _____ next of kin who is a covered
   service member with a serious injury or illness.

Section II Amount of Leave

Please indicate below whether the leave requested is for a single period of time, intermittent leave, or reduced schedule leave (or a combination of those).

_____ I request the following single period of leave beginning and ending on the following dates:

Anticipated date leave will start: ____________________________
   (actual date if leave already begun)

Anticipated (or actual) return to work date: _______________________

_____ I request that leave be granted on an intermittent or reduced work schedule basis for the following
   reason (e.g., own serious health condition; to care for a parent, spouse, son or daughter with a serious health
   condition; to care for a covered service member with a serious illness or injury):

__________________________________________________________________________
If intermittent leave is requested, please state the proposed leave schedule (i.e., frequency and duration of intermittent leave; blocks of time needed; days of week with hours needed; or list actual dates if known and amount of time needed or taken on each date):

_____________________________________________________________________________

If reduced schedule leave is requested, please state the proposed leave schedule:

☐ Monday ______________________
☐ Tuesday ______________________
☐ Wednesday____________________
☐ Thursday _____________________
☐ Friday_______________________

I request the above leave schedule from __________ through _____________.

Section III        Supplemental/Coaching Duties

Please list all Supplemental/Coaching Duties that will fall within your leave request dates and may require an interim coach/substitute.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

_________________________________________    ____________________________
Signature                                       Date

Submit to abarton@fdschools.org in Human Resources when complete.