

Hustisford School District

FAMILY OR MEDICAL LEAVE REQUEST

Employee Name: _____

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

- Birth of a child or to care for such child– Actual or expected date of birth: _____
- Placement of a child with me for adoption, foster care or precondition of adoption. (Please circle one)
Actual or expected date of placement: _____
- To care for my spouse, son, daughter, or parent (circle one) who has a serious health condition
(physician's or practitioner's certification may be required)
- My own serious health condition (physician's or practitioner's certification will be required)
- Because of a qualifying exigency arising out of the fact that my spouse, son, daughter or parent is on
active duty or has been notified of a call or order to active duty in the Armed Forces in support of a
contingency operation
- To care for a covered service member who is my spouse, son, daughter, parent or next of kin

Type of FMLA leave requested:

- Consecutive days of leave (up to 12 weeks) – start and end dates if known: _____
- Intermittent leave - expected days/weeks/months on leave _____
- Reduced leave schedule (specify change in schedule) _____

ARE YOU REQUESTING SUBSTITUTION OF PAID LEAVE? Yes No

If yes, what type(s) of paid leave are you substituting? _____

How many hours of each type of paid leave are you substituting? _____

I certify that the above information is accurate and complete.

Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO THE BUSINESS OFFICE AS SOON AS POSSIBLE.