

PORTALES MUNICIPAL SCHOOLS

Family Medical Leave Act (FMLA)

Leave Request Form

This form is completed by employee with principal/director approval.

Part I: Leave Request Data

Employee's Name: _____ Home Telephone _____ Cell # _____

Address: _____

REASON FOR REQUEST: (Check one)

<input type="checkbox"/>	Birth of Child	Due Date:	_____
<input type="checkbox"/>	Placement for Adoption/Foster Care	Adoption Date	_____
<input type="checkbox"/>	Serious Health Condition of Employee		
<input type="checkbox"/>	Care for seriously ill family member	Relationship	_____
<input type="checkbox"/>	Military Family (Exigency) Leave	Relationship	_____
<input type="checkbox"/>	Military Care Giver Leave	Relationship	_____

Date requested
Leave to begin: _____

Date expected to
return to work: _____

Are you requesting intermittent leave?

Yes

If yes, explain schedule requested:

No

Are you requesting a reduced work schedule?

Yes

If yes, explain schedule requested:

No

Part II: Employee Entitlement and Responsibilities

I understand that:

Accrued sick, vacation, personal and other paid leave shall be applied to the leave period unless otherwise agreed.

During my FMLA-eligible period of paid leave, my benefits will continue.

During my FMLA-eligible period of unpaid leave, the district portion of the benefits will continue, I am responsible for my portion.

I am responsible for notifying Central Office immediately, in writing, of any change(s) in the leave period.

Employee Signature _____

Date: _____

Part III: Principal/Director and Central Office Information:

Principal/Director Signature _____ Print Name _____ Date _____

Superintendent Signature _____ Print Name Johnnie S. Cain Date _____

Date letter, eligibility notice, medical forms, and job description mailed to employee: _____

Date medical forms are received: _____

Date designation notice mailed: _____