

SHAMOKIN AREA SCHOOL DISTRICT

335-AR-2. REQUEST/RESPONSE FOR FMLA LEAVE

REQUEST

An employee requesting FMLA will complete the information on the top half of this form and submit it with supporting documentation to the Superintendent.

Employee requesting FMLA leave: _____
(Employee's Name)

Please be advised that as of _____, I give you notice of my need to take family/medical leave due to: _____
(Date)

- Birth or placement of a child for adoption or foster care.
- Serious health condition for which I need care.
- Serious health condition affecting my spouse, child, parent for which I am needed to provide care.
- Qualifying exigency arising from my spouse, child, parent being on active duty or ordered to active duty in the Armed Forces.
- Need to care for a covered servicemember who is my spouse, child, parent, myself or next-of-kin.

I need this leave beginning on _____, and I expect the leave to continue until on/or about _____.
(Date)

Employee Signature

Building