

GRISWOLD PUBLIC SCHOOLS**Griswold, Connecticut****Request for Leave Under the Family and Medical Leave Act of 1993, as amended**

Employee Name: _____ Date of Request: _____

School/Department: _____ Position/Title: _____

Hire Date: _____ Date of Request: _____

(An employee wishing to request leave may make such request by filling out the information contained in this box at the top of this form. Use of this form by the employee is not mandatory.)

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

Please be advised that as of _____, I give you notice of my need to take
(today's date)

family/medical leave due to:

Birth of a child, or the placement of a child for adoption or foster care.

Serious health condition for which I need care and makes it unable for me to perform the functions of my position.

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 wounded service member or a honorably discharged veteran affecting spouse*, child, parent, myself or next-of-kin.

If the duration of my family/medical leave does not exceed twelve (12) weeks (26 weeks if leave is to care for an injured or ill service member) I will be returned to my same or equivalent position. I understand that if my family/medical leave should exceed twelve weeks (26 weeks if leave is to care for an injured or ill service member, I will be returned to my same or similar position, only if available in accordance with applicable laws. If the same or similar position is not available, I understand that I may be terminated.

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

or about _____.
(Date)

Employee Signature _____ Date _____

*The term spouse includes partners in a same-sex marriage or common law marriage.