

FAMILY AND MEDICAL LEAVE REQUEST FORM

Date: _____

I, _____, request family and medical leave for the following reason:
(check all that apply)

- for the birth and care of my child;
- for the placement with me of a child for adoption or foster care;
- to care for my ___ child ___ my parent or ___ my spouse who has a serious health condition;
- because I am seriously ill and unable to perform the essential functions of my position;
- because of a qualifying exigency arising out of the fact that my ___ spouse ___ child ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the ___ National Guard or ___ Reserves;
- because I am the ___ spouse or ___ child or ___ parent or ___ next of kin of a covered service member with a serious injury or illness incurred in the line of duty on active duty with the Regular Armed Forces, National Guard or Reserves.

I acknowledge my obligation to provide medical certification of my serious health condition or that of a family member or that of a covered service member in order to be eligible for family and medical leave within fifteen (15) calendar days of a request for certification.

I acknowledge receipt of information regarding my obligations under the family and medical leave policy of the District.

I request that my family and medical leave begin on _____, and I request leave as follows: (check one)

Continuous

I anticipate that I will be able to return to work on _____.

Intermittent leave:

- for the birth of my child or adoption or foster care placement subject to agreement by the District
- for the serious health condition of myself, parent, or child when medically necessary
- because of a qualifying exigency arising out of the fact that my ___ spouse ___ child ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the ___ National Guard or ___ Reserves;
- because I am the ___ spouse or ___ child or ___ parent or ___ next of kin of a covered service member with a serious injury or illness incurred in the line of duty on active duty with the Regular Armed Forces, National Guard or Reserves

Details of the needed intermittent leave:

I anticipate returning to work at my regular schedule on _____.

_____ Reduced work schedule:

- _____ for the birth of my child or adoption or foster care placement subject to agreement by the District
- _____ for the serious health condition of myself, parent, or child when medically necessary
- _____ because of a qualifying exigency arising out of the fact that my ___ spouse ___ child ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the ___ National Guard or ___ Reserves;
- _____ because I am the ___ spouse or ___ child or ___ parent or ___ next of kin of a covered service member with a serious injury or illness incurred in the line of duty on active duty with the Regular Armed Forces, National Guard or Reserves

Details of needed reduction in work schedule as follows:

I anticipate returning to work at my regular schedule on _____.

I realize I may be moved to an alternative position during the period of the family and medical intermittent or reduced work schedule leave. I also realize that with foreseeable intermittent or reduced work schedule leave, subject to the requirements of my health care provider, I may be required to schedule the leave to minimize District operations.

While on family and medical leave, I agree to pay my regular contributions to employer sponsored benefit plans. My contributions shall be deducted from moneys owed me during the leave period. If no monies are owed me, I shall reimburse the District by personal check (cash) for my contributions. I understand that I may be dropped from the employer-sponsored benefit plans for failure to pay my contribution.

I agree to reimburse the District for any payment of my contributions with deductions from future monies owed to me, or the District may seek reimbursement of payments of my contributions in court.

I acknowledge that the above information is true to the best of my knowledge.

Signed _____