

FMLA Leave Request Form

****Employee must give a verbal or written notice to make the employer aware that leave is needed 30 days prior to being absent. If leave is not foreseeable the employee must give notice as soon as possible. ****

Date: _____

Employee Name: _____

School /Department of employment: _____

Position: _____

Is this a work related injury? _____ Yes _____ No

Reason for leave:

Leave requested from: _____ to _____ (anticipated return)

Please complete this form and return it to the timekeeper at your location. Timekeepers please, keep a copy and send the original to Rita Daugherty at the District Office.

Note: Once the employee receives the FMLA packet from the District Office, the employee will have **15 calendar days** to return the medical certification from a physician back to the District Office. The employee will be notified in writing if and when the FMLA is approved or denied.

Employee Signature