

GREENBURGH ELEVEN UFSD

EMPLOYEE REQUEST FOR FMLA LEAVE

Name _____ Date of Submission _____

Job Title _____ Date of hire _____

I hereby request leave pursuant to the Family Medical Leave Act due to: [check one]

- a serious health condition affecting my spouse child parent for which I am needed to provide care;
- a serious health condition that makes me unable to perform the essential functions of my job;
- the birth of my child, or the placement of a child with me for adoption or foster care;
- because of a qualifying exigency arising out of the fact that my spouse son or daughter; 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 son or daughter; parent; next of kin of a covered servicemember with a serious injury or illness.

I need this leave beginning on _____ and I expect the leave to continue until on or about _____, OR

I need intermittent or reduced schedule leave beginning on _____ and I expect the leave to continue until on or about _____ under the following conditions:

Signed: _____
Employee

Do not separate the pages from the packet. The entire packet must be submitted to the District as a completed unit.