

**AUGUSTA INDEPENDENT SCHOOL DISTRICT
FAMILY MEDICAL LEAVE ACT REQUEST**

Employee Name _____

Reason for Leave Request:

___ Birth of a child, or placement of a child with you for adoption or foster care

___ Your own serious health condition

___ Because you need to care for your ___ spouse; ___ child; ___ parent due to his/her serious health condition

___ Because you are the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness

___ Because of a qualifying circumstance arising out of the fact that your ___ 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 Reserve

I request this leave to begin on _____. I anticipate to return to work on _____.
Date Date

The board may require certification from a health care provider containing specific information required under the law. Attach U.S. Department of Labor Form WH-380-E to this request if this is for employee medical leave. Please use WH 380-F for medical leave to provide care for an immediate family member. The District requires eligible employees to use any accrued and unused paid vacations, personal or sick leave concurrently with unpaid FMLA leave (see board policy manual).

Signature of Employee

Date

The Superintendent, or the designee, will respond to this request using the U.S. Department of Labor Form WH-381. The original will go to the employee. A copy will be filed in personnel folder.

To be completed by Superintendent or designee

Date Received _____ Was form WH-380 Attached? Yes _____ No _____

If Form WH-380 was not attached, is form required to respond? Yes _____ No _____

If yes, date Form WH-380 was mailed to employee _____

Superintendent or designee signature _____ Date _____