

FAMILY AND MEDICAL LEAVE REQUEST FORM

TALLADEGA CITY BOARD OF EDUCATION
TALLADEGA, ALABAMA

TO: SUPERINTENDENT

FROM: _____

SUBJECT: FAMILY AND MEDICAL LEAVE

ELIGIBILITY: TO BE ELIGIBILITY FOR FAMILY AND MEDICAL LEAVE AN EMPLOYEE MUST HAVE BEEN EMPLOYED WITH THE BOARD FOR AT LEAST 12 MONTHS AND HAVE WORKED FOR AT LEAST 1,250 HOURS DURING THE PAST 12 MONTHS.

REASON: FAMILY AND MEDICAL LEAVE MAY BE REQUESTED ONLY FOR THE FOLLOWING REASONS, A) BIRTH OF A CHILD, B) ADOPTION OR PLACEMENT OF A CHILD, C)CARE OF A SICK SPOUSE, CHILD OR PARENT AND D) SERIOUS HEALTH CONDITION OF AN EMPLOYEE.

DATE: _____

SCHOOL: _____

I HEREBY REQUEST FAMILY AND MEDICAL LEAVE FROM MY OFFICIAL DUTIES DUE TO THE FOLLOWING REASONS:

- | | |
|------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> BIRTH OF A CHILD | <input type="checkbox"/> ADOPTION OF A CHILD |
| <input type="checkbox"/> PLACEMENT OF FOSTER CHIL | <input type="checkbox"/> CARE OF A SICK SPOUSE |
| <input type="checkbox"/> SERIOUS PERSONAL HEALTH CONDITION | <input type="checkbox"/> CARE OF A SICK CHILD |
| | <input type="checkbox"/> CARE OF A SICK PARENT |

THE EXPECTED DATE ON WHICH I WOULD LIKE TO BEGIN SUCH LEAVE IS _____

THE DATE ON WHICH I EXPECT TO RESUME MY REGULAR DUTIES IS _____

I WOULD LIKE TO USE THE FOLLOWING ACCUMULATED LEAVE AS A PART OF MY APPROVED FAMILY AND MEDICAL LEAVE:

- SICK LEAVE..... NUMBER OF DAYS TO BE USED _____
- PERSONAL LEAVE..... NUMBER OF DAYS TO BE USED _____
- VACATION DAYS.....NUMBER OF DAYS TO BE USED _____

I HAVE READ THE FAMILY AND MEDICAL LEAVE POLICY AND I AM MAKING THIS REQUEST BEING FULLY COGNIZANT OF ITS TERMS AND CONDITIONS.

SIGNATURE: _____ DATE : _____

APPROVED: _____ DATE: _____