

**KING WILLIAM COUNTY PUBLIC SCHOOLS EMPLOYEE
REQUEST FOR FAMILY OR MEDICAL LEAVE (FMLA)**

An employee seeking (or confirming) a family or medical leave must check all applicable boxes, sign, and submit to the Lead Director of Human Resources at least thirty (30) days prior to the desired start date of the leave (if practicable because the leave is foreseeable) or as soon as practicable if the leave has already begun or was not foreseeable. Leave requests for any qualifying exigency for military family leave must be submitted as soon as practicable. Once received by Human Resources, FMLA documents will be sent to the requesting employee in accordance with FMLA regulations.

Section I

Name: _____

Position/Department/Location: _____

Mailing Address: _____

I request leave for the following reasons:

- Because of the (anticipated) birth of my child.
- Because of the placement of a child with me ____for adoption or ____for foster care.
- In order to care for my ____spouse ____son or daughter, ____parent who has a serious health condition.
- Because of my own serious health condition that makes me unable to work or unable to perform the functions of my job.
- Because of a qualifying exigency arising out of the fact that my ____spouse ____son or daughter ____parent is on (or has been notified of an impending call to) covered active duty in the Armed Forces.
- To care for my ____spouse ____son or daughter ____parent ____next of kin who is a covered service member with a serious injury or illness.

Section II Amount of Leave

Please indicate below whether the leave requested is for a single period of time, intermittent leave, or reduced schedule leave (or a combination of those).

____ I request the following single period of leave beginning and ending on the following dates:

Anticipated date leave with **start:** _____

(actual date if leave already begun)

Anticipated (or actual) **return to work date:** _____

____ I request that leave be granted on an **intermittent or reduced work schedule** basis for the following reason (e.g., own serious health condition; to care for a parent, spouse, son or daughter with a serious health condition; to care or a covered service member with a serious illness or injury):

If intermittent leave is requested, please state the proposed leave schedule (i.e., blocks of time needed; days of week with hours needed; or list actual dates if known and amount of time needed or taken on each date):

If reduced schedule leave is requested, please state the proposed leave schedule:

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

I request the above leave schedule from _____ through _____

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Date Received by the Lead Director of Human Resources: _____

Signature: _____