

WISD REQUEST FOR FMLA LEAVE

An employee requesting FMLA Leave must complete this form and return to the Administrative Office prior to using FMLA Leave.

Name: _____

Requested Dates of leave: _____

Please select one:

- The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child
- Your own serious health condition
- The serious health condition of your spouse, child, or parent
- A qualifying exigency arising out of the fact that your spouse, child, or parent is on covered active duty or has been notified of an impending call or order to covered active duty status with the Armed Forces
- A serious injury or illness of a covered servicemember where you are the servicemember's spouse, child, parent, or next of kin (*Military Caregiver Leave*)

Once approved, you will receive additional paperwork and information regarding your Rights and Responsibilities under the Family and Medical Leave Act, the amount of FMLA leave you have available to use in the applicable 12-month period, available accumulated leave that may be used during your FMLA Leave, and return to work procedures.

Employees Signature: _____

Date of request: _____