

FAMILY AND MEDICAL LEAVE REQUEST FORM
SYLACAUGA CITY BOARD OF EDUCATION
Sylacauga, Alabama

To: Superintendent

From: _____

Subject: Family and Medical Leave

ELIGIBILITY: To be eligible for Family and Medical Leave a **full-time** employee must have been employed with the Board for at least 12 months.

REASONS: *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 reason:

- | | |
|--|--|
| <input type="checkbox"/> Birth of a child | <input type="checkbox"/> Adoption of a child |
| <input type="checkbox"/> Placement of foster child | <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 _____.

Use of accrued leave days:

CONDITIONS: *For the birth of a child, adoption of a child, placement of a foster child, care of a sick spouse, child, or parent, or serious health condition of the employee an employee must use accrued sick leave, fully paid personal leave (2 days), or vacation days as a part of FMLA leave.*

FILE: 5:11
(Continued)

I will use the following accumulated leave as a part of my approved Family and Medical Leave:

- () Sick leave – Number of days to be used _____.
- () Fully Paid Personal leave (2) – Number of days to be used _____.
- () Vacation days – Number of days to be used _____.

NOTE: Use of accrued leave days must be approved in advance of beginning Family and Medical Leave.

I have read the Family and Medical Leave policy, filed 5:11, and I am making this request being fully cognizant of its terms and conditions.

Signature: _____ **Date:** _____
Employee

Acknowledged: _____ **Date:** _____
Principal/Supervisor

Approved: _____ **Date:** _____
Superintendent

9/1/93; 6/26/95; 1/18/05; 11/15/18