

PARKVIEW SCHOOL DISTRICT
FAMILY OR MEDICAL LEAVE REQUEST FORM

Name: _____ Position: _____

Dates you are requesting family or medical leave: From: _____ To: _____

Or, if less than a full day, please show the number of hours: _____ and the date leave is needed: _____
_____. If you are requesting intermittent leave or a reduced schedule, please explain in the space provided below.

REASON FOR LEAVE:

- The birth of my child and to care for the child. Actual or expected date of birth: _____
- The placement of a child with me for adoption, foster care or pre-condition of adoption (circle one) Actual or expected date of placement: _____
- To care for my spouse, son, daughter, or parent (circle one) who has a serious health condition (physician's or practitioner's certification may be required)
- My own serious health condition (physician's or practitioner's certification may be required)
- Because of a qualifying exigency arising out of the fact that my spouse, son, daughter or parent is on active duty or has been notified of a call or order to active duty in the Armed Forces in support of a contingency operation
- To care for a covered service member who is my spouse, son, daughter, parent or next of kin

Please explain why you need leave. If you are requesting intermittent leave or reduced schedule leave, please show the schedule or intermittent leave you are requesting:

ARE YOU REQUESTING SUBSTITUTION OF PAID LEAVE? Yes No

If yes, what type(s) of paid leave are you substituting? _____

How many hours of each type of paid leave are you substituting? _____

I certify that the above information is accurate and complete.

EMPLOYEE SIGNATURE: _____ DATE: _____

PLEASE RETURN THE COMPLETED FORM TO THE DISTRICT OFFICE AS SOON AS POSSIBLE.