

REQUEST FOR FAMILY OR MEDICAL LEAVE

Employee Notification

Request for Family or Medical Leave must be made in writing, if practical, at least 30 days prior to the date the requested leave is to begin.

Name Angela Bernard Date 3/18/13

School Brooks Position Special Ed. Teacher

I request a family or medical leave for one or more of the following reasons. I understand that a physician's certification and all required information must be submitted before this request is processed.

Because of the birth of my child, or because of the placement of a child with me for adoption or foster care.

In order to care for my spouse/child/parent who has a serious health condition.

For a serious health condition that makes me unable to perform my job. THIS CONDITION IS IS NOT WORK RELATED.

Requested intermittent or reduced leave scheduled _____

Leave to start 3/18/13 Expected return date 8/1/13

I would like to use my sick/personal days— not available

I would not like to use my sick/personal days

Original request for leave

Request for extended leave

Employee Signature Angela Bernard Date 3/18/13

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date _____

Superintendent Signature [Signature] Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

* - No sick/personal days available.