

E A S T O R A N G E S C H O O L D I S T R I C T
DIVISION OF LABOR RELATIONS & EMPLOYMENT SERVICES

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FMLA LEAVE REQUEST FORM – STEP 1

Date: _____ Employee ID: _____

Employee Name: _____ Position: _____

Work Location: _____ Date of Hire: _____

Best Contact Number: _____

Reason for leave: _____

(Ex. provide assistance, surgery, transportation)

Leave Requested for (circle one): Self Spouse Parent Child

Date the leave will begin (required): _____

Is the request for (circle one): continuous leave or intermittent leave
(more than three days)

Has the employee been on FMLA, Workers' Comp. or other Health Leave in the past 12 months?

Yes No

If yes, Dates/Range: _____ Total number of days used: _____ Hours: _____

Step 2: Return this form to Ms. Parrish in Labor Relations & Employment Services with any medical documentation currently available

If you qualify for any leave, a packet will prepared for the employee and physician to complete and return within a prescribed time frame. Failure to submit the required documents within the time frame may result in the request being denied.

Please note that leaves require 30 days advance notice when the leave is foreseeable, if the leave is unforeseeable, the request should be made when practical.