

FAMILY AND MEDICAL LEAVE REQUEST FORM

WINSTON COUNTY BOARD OF EDUCATION Double Springs, Alabama

To: Superintendent

From: _____

Subject: Family and Medical Leave

ELIGIBILITY: To be eligible for Family and Medical Leave an employee must have been employed with the Board for at least 12 months and have worked for at least 1,250 hours during the past 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: _____

Sch/Work Site: _____

I hereby request Family and Medical Leave from my official duties due to the following reason:

- Birth of a child Adoption of a child
 Placement of foster child Care of a sick spouse
 Serious personal health Care of a sick child
condition Care of a sick parent

The expected date on which I would like to begin such leave is
_____.
month day year

The date on which I expect to resume my regular duties is
_____.
month day year

Use of accrued leave days

CONDITIONS: For the birth of a child, care of a sick spouse, child, or parent, or serious health condition of the employee an employee may use accrued sick leave, personal leave, or vacation days in conjunction with FMLA leave (NOTE: any such leave taken must be in accordance with the Sick Leave policy filed: GALB; the Vacation Leave policy filed: GALBJ; and the Personal Leave policies filed: GBRI and GCRI. Such leave used in conjunction with FML must be taken immediately prior to or immediately after the FMLA leave and may not be taken intermittently during such leave). For the adoption of a child or placement of a foster child an employee may use accrued personal leave or vacation leave in conjunction with FML.

I would like to use the following accumulated leave in conjunction with my approved Family and Medical Leave :

- Sick leave -- Number of days to be used _____.
 Personal leave -- 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 GALBEA, and I am making this request being fully cognizant of its terms and conditions.

Signature: _____ **Date:** _____

Employee

Approved: _____ **Date:** _____

Superintendent

7/7/98