

Regional School District #18
Lyme-Old Lyme, Connecticut

Request for Leave Under the
Family and Medical Leave Act of 1993, as amended

Employee Name: _____ Date of Request: _____

School/Department: _____ Position/Title: _____

Hire Date: _____ Date of Request: _____

Employee requesting FMLA leave: _____
(Employee's name)

Please be advised that as of _____, I give you notice of my need to take family/
(today's date)

medical leave due to:

- Birth of a child or the placement of a child for adoption or foster care.
- Serious health condition for which I need care and makes it unable for me to perform the functions of my position.
- Serious health condition affecting my spouse, child, parent for which I am needed to provide care.
- "Qualifying exigency" arising from my spouse, child, parent being on active duty or ordered to active duty in the Armed Forces.
- Need to care for a wounded service member affecting my spouse, child, parent, myself or next-of-kin.

If the duration of my family/medical leave does not exceed twelve (12) weeks [26 weeks if leave is to care for an injured or ill service member], I will be returned to my same or equivalent position. I understand that if my family/medical leave should exceed twelve weeks [26 weeks if leave is to care for an injured or ill service member], I will be returned to my same or similar position, only if available in accordance with application laws. If the same or similar position is not available, I understand that I may be terminated.

I need this leave beginning on _____, and I expect the leave to continue until on or
(date)
about _____.
(date)

Employee Signature

Date