

Williamsburg County School District

FMLA Request Form Instructions

Please follow these steps to complete your paper FMLA Request Form. Write clearly using a pen.

1. Complete the Employee Information section.

Write your name, Employee ID or last 5 digits of your Social Security number, job title, school or department, email address, and daytime telephone number.

2. Select the reason for your leave.

Check the box that best describes why you need leave. Fill in any requested birth date, placement date, or family member information.

3. Tell us how you need to take your leave.

Check continuous leave if you will be out for one period of time. Check reduced or intermittent leave if you need to work fewer hours or be absent from time to time. Enter the expected beginning and ending dates for your leave.

4. Sign and date the form.

Review your answers, then sign and date the Employee Certification and Signature section.

5. Return the completed form to Human Resources.

HR will provide written information about your FMLA eligibility and next steps within five (5) business days after receiving your request.

To request a fillable electronic version of the FMLA Request Form, please email lparker@wcsd.k12.sc.us.

Need help? Contact Human Resources at 843-355-5571 or lparker@wcsd.k12.sc.us.



Williamsburg County School District

500 N. Academy Street | Kingstree, SC 29556 | 843-355-5571

Family and Medical Leave Act (FMLA) Request Form

EMPLOYEE INFORMATION

Employee Name:	Employee ID / Last 5 SSN:
Job Title:	Department or School:
Email Address:	Daytime Telephone Number:

TYPE OF LEAVE

I hereby request the following type of leave:

- ☐ Birth of a child. Anticipated date of birth: _____
- ☐ Bond with a newborn child within one year of birth. Date: _____
- ☐ Placement of a child for adoption or foster care and to bond with the newly placed child.
Anticipated date of placement: _____
- ☐ To care for a family member due to a serious health condition. My family member is:
☐ Spouse ☐ Parent ☐ Child under age 18 ☐ Child age 18 or older and incapable of self-care
because of a mental or physical disability.
- ☐ Employee's serious health condition.
- ☐ Care for a covered service member with a serious injury or illness if I am the spouse, child, parent, or next
of kin of the covered service member.
- ☐ Qualifying exigency leave because my spouse, son, daughter, or parent is a military member on covered
active duty or call to covered active duty status.

AMOUNT OF LEAVE

- ☐ I request leave for a continuous period of time:
Beginning on (date): _____ Ending on (date): _____
- ☐ I request leave on a reduced or intermittent leave schedule:
Beginning on (date): _____ Ending on (date): _____

EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that the information provided above is true and accurate to the best of my knowledge.

Employee Signature: _____

Date: _____

Submit the completed form to the Williamsburg County School District Human Resources Department.

For questions regarding FMLA, contact Human Resources at 843-355-5571.

After Human Resources receives this request, you will receive written notification regarding FMLA eligibility and next steps within five (5) business days.

Revised 09/30/26