



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