

*Marengo County Schools*  
**Family and Medical Leave Request Form**

To: Superintendent

From: Employee's Name: \_\_\_\_\_ Last four of SSN: \_\_\_\_\_

Date: \_\_\_\_\_ School/Work Location: \_\_\_\_\_

**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 for the following reasons only:

- Birth and care of newborn or adoption
- Serious health condition of employee
- Serious health condition of family member of employee

**\*Employee must complete the following:**

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

\_\_\_\_\_ Birth of Child                      \_\_\_\_\_ Adoption of a Child                      \_\_\_\_\_ Placement of Foster Child  
\_\_\_\_\_ Care of a Sick Spouse                      \_\_\_\_\_ Care of a Sick Child                      \_\_\_\_\_ Care of a Sick Parent  
\_\_\_\_\_ Serious Personal Health Condition

**\*Employee must provide certification from a Licensed Physician.**

**\*I understand that I may be required to pay my PEEHIP premium and/or other supplemental premiums while on FMLA.**

The expected date on which I would like to begin such leave is: \_\_\_\_\_ (MM/DD/YYYY)

The expected date on which I expect to return to work is : \_\_\_\_\_ (MM/DD/YYYY)

I would like to use the following accumulated leave as a part of my approved Family and Medical Leave:

\_\_\_\_\_ Sick Leave    -                      Number of days to be used: \_\_\_\_\_  
\_\_\_\_\_ Personal Leave    -                      Number of days to be used: \_\_\_\_\_  
\_\_\_\_\_ Vacation Leave (12 mo. Employees only)                      -                      Number of days to be used: \_\_\_\_\_  
\_\_\_\_\_ Leave without Pay    -                      Number of days to be used: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      Board Approved on: \_\_\_\_\_