

# Request for Leave/Family Medical Leave

A Leave request and doctor's return to work statement should be completed for absences of 5 or more consecutive days.

Name

Work Location:

I am requesting Family Medical Leave for the following reason:

\_\_\_\_\_ Adoption or Foster placement of a child

\_\_\_\_\_ Birth or first year of a child

\_\_\_\_\_ Serious Health condition of a spouse, son, daughter, or parent

Note: An employee may not take family medical leave to care for a parent in law

\_\_\_\_\_ Serious health condition of self

Note: A fitness statement from your doctor will be required before you can return to work

I plan to be out of work from \_\_\_\_\_ to \_\_\_\_\_.

Remarks:

**Certification:** I certify that the leave requested above is for the purpose indicated. I understand that I must comply with District Five Schools of Spartanburg County's procedures for requesting leave and provide additional documentation, including medical certification, if requested, and that falsification of information on this form may be grounds for disciplinary action, including termination.

Employee signature

Date

## Official Action on Request:

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

Reason for disapproval:

Employer signature

Date

Please print or type this form and return it to District Five Schools Personnel Director, Libby Grau