



# Bolton Public Schools

## Office of the Superintendent

### Employee FMLA Leave Request

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An employee seeking (or confirming) a family leave must check all applicable boxes and fill out the form in its entirety, sign it and submit it to Cristina Buckley at least thirty (30) days prior to the start date of the leave (if practical), or as soon as practical if the leave has already begun.

**Please Print**

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor \_\_\_\_\_

Status:     Full-Time     Part-Time     Temporary

### **Reason for Requesting Leave**

**I am requesting family/medical leave for the following reasons: (check all that apply)**

- Birth of my child; to care for my newborn child
  - Placement of a child with me for:     adoption     foster care.
  - Leave to care for a family member with a serious health condition  
Relationship of family member to you: \_\_\_\_\_
  - My own serious health condition.
  - Qualifying exigency because of a family member is on or has been called to covered active duty in the Regular Armed Forces (including the National Guard or Reserves) to a foreign country.  
Relationship of family member to you: \_\_\_\_\_
  - Leave to care for a family member who is a current member of the Armed Forces (including the National Guard and Reserves) or a covered veteran and who is undergoing medical treatment, recuperation, or therapy, is in outpatient status or on temporary disability retired list for a serious injury or illness.  
Relationship of family member to you: \_\_\_\_\_
  - Other (please explain) \_\_\_\_\_
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**Duration of Leave**

Leave expected to begin \_\_\_\_\_ Leave expected to end \_\_\_\_\_

If intermittent or reduced-leave schedule is being requested, please explain why it is needed and the proposed leave schedule: \_\_\_\_\_

\_\_\_\_\_

**Employee Certification and Signature**

I certify that the above information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date