

**GARRETSON SCHOOL DISTRICT EMPLOYEE APPLICATION FOR FAMILY AND MEDICAL LEAVE**

Date of application: \_\_\_\_\_

It is the responsibility of the **EMPLOYEE** to complete this application and submit it to the superintendent, if foreseeable, thirty (30) days prior to the commensurate date for Family and Medical Leave.

It is also the responsibility of the **EMPLOYEE** to have read the provisions of the Family and Medical Leave policy, and to have asked the superintendent or designee for assistance regarding interpretation and application of the policy.

**I HEREBY REQUEST THE FAMILY AND MEDICAL LEAVE (FMLA) FOR THE FOLLOWING REASON:  
EMPLOYEE: INITIAL ONE OF THE FOLLOWING**

- \_\_\_\_\_ The birth and first year care of a newborn child;
- \_\_\_\_\_ The adoption or foster placement of a child;
- \_\_\_\_\_ The care for employee's spouse, son or daughter, or parent, who has a serious health condition; or
- \_\_\_\_\_ The employee's own serious health condition that makes the employee unable to perform his or her job.

I am requesting FMLA leave to start on \_\_\_\_\_ and end on \_\_\_\_\_  
Date

\_\_\_\_\_  
Date

I understand that FMLA leave days are unpaid leave days unless paid pursuant to the district's paid sick leave policy, family leave policy, or personal leave policy (and vacation leave for classified employees). I further understand that I must first use all of my accrued paid leaves before receiving unpaid leave and that the paid leave days will count against my FMLA leave days.

\_\_\_\_\_  
**Employee's Signature**

**Date application received by the superintendent:** \_\_\_\_\_

Recommendations of the superintendent to the school board: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Superintendent's Signature**

\_\_\_\_\_  
**Board Chairman's Signature**

A copy of this application and determination shall be forwarded to the employee. The original shall be placed in the employee's employment file.

Adoption date: May 11, 2015