STAFFORD PUBLIC SCHOOLS
Office of the Superintendent of Schools
16 Levinthal Run
Stafford Springs, Connecticut 06076
(860) 684-2208

REQUEST FOR AND/OR RESPONSE TO LEAVE UNDER
THE FAMILY AND MEDICAL LEAVE ACT

(An employee wishing to request leave may make such request by filling out the information contained in this box at the top of this form. Use of this form by the employee is not mandatory.)

Employee requesting FMLA leave: _____

<center>(Employee's Name)</center>

Please be advised that as of_____ I give you notice of my need to take family/medical

<center>(today's date)</center>

leave due to:

☐   the birth of a child, or the placement of a child for adoption or foster care; of

☐   a serious health condition that I need care for,

☐   a serious health condition affecting my ☐spouse, ☐child, ☐parent, for which I am needed to provide care.

☐   "Qualifying exigency" arising from my ☐spouse, ☐child, ☐parent, being on covered active duty or ordered to covered active duty in the Armed Forces.

☐   Need to care for a wounded or ill service member who has incurred an injury or illness while on covered active duty affecting ☐spouse, ☐child, ☐parent, ☐myself or ☐next-of-kin

☐   Need to care for a covered family member ☐spouse, ☐child, ☐parent, or ☐next-of-kin who is a veteran suffering a service related illness or injury that was incurred or aggravated while on covered active duty, within five (5) years after a veteran leaves service.

If the duration of my family/medical leave does not exceed twelve (12) weeks (26 weeks if leave is to care for an injured or ill service member.) I will be returned to my same or equivalent position. I understand that if my family/medical leave should exceed twelve weeks (26 weeks if the leave is to care for an injured or ill service member), I will be returned to my same or similar position, only if available in accordance with applicable laws. If the same or similar position is not available, I understand that I may be terminated, unless additional leave time is requested and approved by the Superintendent and the Board of Education.

I need this leave beginning on _____, and I expect the leave to continue until

<center>(Date)</center>

on or about _____.

<center>(Date)</center>

_____   _____

Signature   Date