

MONTOURSVILLE AREA SCHOOL DISTRICT

50 North Arch Street, Montoursville, Pennsylvania 17754-1900

REQUEST FOR FMLA LEAVE

An employee requesting FMLA will complete the information on the top half of this form and submit it with supporting documentation to the Superintendent or designee.

Employee requesting FMLA leave: _____
(Employee's Name)

Please be advised that as of _____, I give you notice of my need to
(Date)
take family/medical leave due to:

- The birth of a child, or permanent placement of a child with me for adoption or foster care.
- A serious health condition for which I need care. (medical certification required)
- A serious health condition affecting my spouse, child, parent for which I am needed to provide care. (medical certification required)
- A qualifying exigency arising from my spouse, child, parent, being on active duty or ordered to active duty in the Armed Forces. (certification required)
- Need to care for a covered service member having a serious injury or illness who is my spouse, child, parent, or next-of-kin. (medical cert. required)

I need this leave beginning on _____, and I expect the leave to
(Date)
continue until on/or about _____.
(Date)

Is this an intermittent FMLA?: Yes No

Signature: _____

Date: _____