

(This form is not necessary if the above letter is used)

**FAMILY AND MEDICAL LEAVE ACT**

Name \_\_\_\_\_

Position \_\_\_\_\_

Work Site \_\_\_\_\_

Date Submitted \_\_\_\_\_

Under the provisions of the Family and Medical Leave Act of 1993, I hereby notify the \_\_\_\_\_ Board of Education of my intent to take an unpaid leave of absence pursuant to the Act for the following reasons and length of time: \_\_\_\_\_  
\_\_\_\_\_ (indicate exact dates here).

Check one of the following reasons:

- \_\_\_\_\_ The birth of a child
- \_\_\_\_\_ The adoption of a child
- \_\_\_\_\_ Serious health condition of a family member
- \_\_\_\_\_ Serious health condition – self

I have been employed by the \_\_\_\_\_ Board of Education for at least twelve (12) months prior to the effective date of the leave. I have worked at least 1,250 base hours during that period. I have not received leave under the FMLA totaling twelve (12) weeks within a twelve-month period (including the leave described in this notification).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date