



# Royal School District No. 160

*"A partnership of parents, community, and schools."  
"Una asociacion de padres, comunidad, y escuelas."*

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## FAMILY OR MEDICAL LEAVE REQUEST FORM

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Dates you are requesting family or medical leave: From: \_\_\_\_\_ To: \_\_\_\_\_

Or, if less than a full day, please show the number of hours: \_\_\_\_\_ and the date leave is needed: \_\_\_\_\_  
\_\_\_\_\_. If you are requesting intermittent leave or a reduced schedule, please explain in the space provided below.

### REASON FOR LEAVE:

- The birth of my child and to care for the child. Actual or expected date of birth: \_\_\_\_\_
- The placement of a child with me for adoption, foster care or pre-condition of adoption (circle one). Actual or expected date of placement: \_\_\_\_\_
- To care for my spouse, son, daughter, or parent (circle one) who has a serious health condition. (Physician's or practitioner's certification may be required).
- My own serious health condition (Physician's or Practitioner's certification may be required).
- Because of a qualifying exigency arising out of the fact that my spouse, son or daughter, parent is on active duty or has been notified of a call or order to active duty in the Armed Forces in support of a contingency operation.
- To care for a covered service member who is my spouse, son, daughter, parent or next of kin.

Please explain why you need leave. If you are requesting intermittent leave or reduced schedule leave, please show the schedule or intermittent leave you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU REQUESTING SUBSTITUTION OF PAID LEAVE?     YES     NO

If yes, what type(s) of paid leave are you substituting? \_\_\_\_\_

How many hours of each type of paid leave are you substituting? \_\_\_\_\_

\_\_\_\_\_

I certify that the above information is accurate and complete.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN THE COMPLETED FORM TO THE DISTRICT OFFICE AS SOON AS POSSIBLE.