

FAMILY LEAVE REQUEST

This form may be used by any NWESD 189 staff member who would like to request a foreseeable Family Leave, as provided by the Family Medical Leave Act and described in NWESD 189 Policy 5404.

Name: _____ Date: _____

Position: _____ Job Site: _____

I am requesting Family Leave for the following reason(s):

- The birth of a child, or placement of a child with me for adoption or foster care.
- My own serious health condition.
- The serious health condition of my spouse, child, or parent.
- A qualifying exigency arising out of the fact that my spouse, child, or parent is covered on active duty or call to covered active duty status with the Armed Forces.
- I am the spouse, child, parent, or next of kin of a covered service member with a serious injury or illness.

Anticipated start date of leave: _____

Anticipated end date of leave: _____

I have received, read, and understand NWESD 189 Policy 5404, *Family Leave*. I understand reinstatement need not occur if: a) the specific job is eliminated by a bona fide restructuring or a reduction-in-force resulting from a lack of funds or lack of work; b) I take a position with another employer outside of the home while on family leave; or c) I fail to provide the required notice or to return to work on the established ending date of the leave. Further, I acknowledge that should I fail to return to the NWESD 189 from Family Leave, the NWESD 189 will recover from me the costs of health benefits paid during the leave.

For leave requests based on the health condition of a family member or employee, complete Form 5404-F2, *Certification of Healthcare Provider*, and forward to Human Resources. I understand the NWESD 189 may request a second opinion from another health care provider.

Staff Member Signature: _____ Date: _____

Superintendent/Designee Approval: _____ Date: _____

Comments/Conditions: _____
