

EUFAULA PUBLIC SCHOOLS
Family and Medical Leave Request Form

Date: Name: Position

Type of leave requested (Please be specific)

1. birth of a child of the employee - leave to take care of that child

Comments:

2. placement of a child with the employee for adoption or foster care

Comments:

3. to care for a spouse, a child, or a parent of the employee due to a serious health condition

Comments:

4. a serious health condition of the employee

Comments:

Date You Wish Leave to Begin:

Date You Expect To Return To Work:

If leave is requested under numbers 3 or 4 above, please give name and address in the space below of the health care provider with knowledge of the health condition.

Received by: Date: