

# Jackson County School District 9

Code: **GCBDA/GDBDA-AR(2)**  
Revised/Reviewed: 11/14/01; 12/17/09; 3/10/10;  
8/14/13; 1/08/14; 11/18/15

## Request for Family and Medical Leave

(To be completed by employee)

Where the need for the leave may be anticipated, written request for family and medical leave must be made, if practical, at least 30 days prior to the date the requested leave is to begin. Failure to request leave in a timely manner could result in either the leave being postponed or the amount of leave available reduced up to three weeks.

Employee Name:

Location:

Position:

Personal E-mail:

### Reason for Leave (check all applicable):

- Birth/adoption/foster care placement of a child
- Employee's own serious health condition
- To care for a family member with a serious health condition
- To care for a service member with a serious injury or illness
- Qualifying exigency due to the military active duty status or call to active duty status of a spouse, son, daughter or parent

Anticipated Begin Date of Leave (for parental leave, anticipated due date):

Anticipated End Date of Leave:

Leave Will Be Taken:

**If leave is to be taken intermittently or on a reduced leave schedule, indicate the frequency and duration of the requested intermittent leave or the reduced schedule requested (i.e., 4 hours a day for 3 weeks), briefly explain reason for leave:**

### If leave to care for a family member or service member, please check one:

- Spouse
- Same-sex domestic partner
- Child
- Child of same-sex domestic partner
- Parent
  
- Individual who was in loco parentis when the employee was a child
- Parent-in-law (OFLA leave only)
- Parent of employee's same sex domestic partner (OFLA leave only)
- Custodial parent
- Noncustodial parent
- Adoptive parent
- Foster parent
- Step parent
- Grandparent (OFLA leave only)
- Grandchild (OFLA leave only)

Please state name of family or service member:

**If leave is for placement of child for adoption or foster care:**

Age of child:

Date of placement:

A physician’s certification may be required to support request for family and medical leave. In addition, a fitness for duty certification may be required before reinstatement following the leave.

“Family member,” for purposes of FMLA and OFLA leave means the spouse, custodial parent, noncustodial parent, adoptive parent, step parent or foster parent, biological parent, child of the employee (biological, adopted, foster or step child, legal ward, or child of the employee standing in loco parentis), same-gender domestic partner, the child of a same-gender domestic partner or a person with whom the employee is or was in a relationship of “in loco parentis.” Additionally, when defining “family member” under OFLA (but not FMLA leave) the definition includes grandparent, grandchild, parent-in-law or parent of the employee’s same-gender domestic partner.

For FMLA, the age of son or daughter at the onset of disability is not relevant in determining a parent’s entitlement to FMLA leave.

I understand that the district requires me to use any accrued sick leave, vacation, personal leave days or other paid time established by Board policy(ies) and/or collective bargaining agreement in the order specified by the district, and before taking leave without pay, for the family and medical leave period.

If my request for a leave is approved, it is my understanding that without an authorized extension when the need for an extension could be anticipated, I must report to duty on the first work day following the date my leave is scheduled to end. I understand that failure to do so will constitute unequivocal notice of my intent not to return to work and the district may terminate my employment.

I authorize the district to deduct from my paychecks any employee contributions for health insurance premiums, life insurance or long-term disability insurance which remain unpaid after my leave, consistent with state and/or federal law.

I have been provided a copy of the district’s family and medical leave policy with this family and medical leave request form.

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Employee Signature