NRHEG Public School ISD #2168
Request for Family/Medical Leave under the FMLA

Rev. 2-2-2024

Date Received _____

In order to be eligible for up to 12 weeks (or 26 weeks for Military Caregiver Leave) of unpaid leave (in a 12-month period) under the Federal Family and Medical Leave Act (FMLA)*, the following criteria must be met:

- You have worked for the School District for at least 12 months (need not be consecutive months, but employment periods prior to break in service of seven years or more need not be counted).
- You have worked at least 1,250 hours in the 12 months immediately preceding the leave.
- At the time leave is requested, you either a) work at a worksite with 50 or more employees, or b) work at a worksite where 50 or more employees are employed by the covered employer within 75 miles of that worksite.

*State law may provide greater leave rights. Refer to your employee handbook for state and federal leave policies, if applicable.

> Employee to Complete
> You are expected to comply with the School District's usual and customary notice and procedural requirements for requesting leave, absent any unusual circumstances. If your need for family/medical leave is foreseeable, you must give at least 30 days' advance written notice. If this is not practicable, you must give notice as soon as practicable under the facts and circumstances of your particular situation (generally within one or two business days of learning of your need for leave).

Employee Name _____ Date: _____

Address _____

Department _____ Position _____

Building Principal _____

Status (select one)   ☐ Full-time   ☐ Part-time   Date of Hire _____ / _____ / _____

I hereby request a leave of absence effective on _____ / _____ / _____
(date you are requesting leave to commence).

My estimated return to work date is on _____ / _____ / _____

Leave type   ☐ Full Day   ☐ Partial Day   ☐ Intermittent   ☐ Other _____

Reason for Requested Leave

☐ Employee's own serious health condition.

☐ Birth of a child of the employee and to care for such child.

☐ Placement of a child with employee for adoption or foster care.

☐ To care for a spouse, child, or parent with a serious health condition.
    If family member is a child, is the child under 18 years of age?   ☐ Yes   ☐ No

Family Member Name _____ Relationship _____

SUBMIT FORM TO ADMINISTRATIVE ASSISTANT TO SUPERINTENDENT