

GREENBURGH CENTRAL SCHOOL DISTRICT  
REQUEST FOR LEAVE  
FAMIL MEDICAL LEAVE ACT ("FMLA")

DATE: \_\_\_\_\_, 20\_\_\_\_\_

TO: Superintendent of Schools, Greenburgh Central School District

FROM: \_\_\_\_\_  
*Name of Employee*

I am requesting leave pursuant to the Family Medical Leave Act for the following reason:

- ☐ For the birth and care of a newborn child or for the placement of a child with me for adoption or foster care; or
- ☐ To care for an immediate family member (☐my spouse, ☐my child, ☐my parent) with a serious health condition; or
- ☐ For my own serious health condition which renders (will render) me unable to work.

**Employees please note:** You are required to provide 30-day advance notice of the need to take FMLA leave when the need is foreseeable and such notice is practicable; this notice should be given *as soon as you know that you will need FMLA leave*. You may also be required to provide medical certification supporting the need for leave due to a serious health condition affecting you or an immediate family member, and periodic reports during FMLA leave regarding the employee's status and intent to return to work.

I expect my need for leave to commence on \_\_\_\_\_, 20\_\_\_\_\_ and expect to return from leave on or before \_\_\_\_\_, 20\_\_\_\_\_.

I am requesting intermittent FMLA leave to attend ongoing treatments by a health care provider to commence on \_\_\_\_\_, 20\_\_\_\_\_

I understand that the Greenburgh Central School District may contact my physician to attempt to verify the reason for my requested leave or for any other information concerning my requested family and medical leave.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless extension has been agreed upon and approved in writing by Greenburgh Central School District.

I understand that if FMLA is approved I will run concurrent with any paid leave.

**Employees Signature:** \_\_\_\_\_

*Received in District Office on \_\_\_\_\_, 20\_\_\_\_\_ by*