



REQUEST FOR FAMILY AND MEDICAL LEAVE

Requests for Family and Medical Leave must be made at least thirty (30) days in advance, whenever possible.

TO BE COMPLETED BY EMPLOYEE

PLEASE PRINT

Name: _____ SSN: _____

Title: _____ Department: _____

Employment Status: Full Time Part Time Temporary

I request Family and Medical Leave for the following reason(s):

Birth of my child Adoption, Foster Care, Placement of a child Care for spouse, child, or parent
 Serious Health Condition Qualifying Exigency Military Caregiver
 Other

Brief Description: _____

Anticipated Leave Start Date: _____ Anticipated Leave Return Date: _____

Leave Schedule Request: Standard Work Hours/Days Intermittent Leave

I have taken _____ hours of Family and Medical Leave in the past twelve (12) months.

I understand and agree to the following provisions:

- I have worked at Brehm Preparatory School for at least one thousand two hundred and fifty hours (1,250) in the previous twelve (12) month period.
- I am required to use my accrued paid vacation, personal and sick leave concurrently with my Leave.
- This Leave will be unpaid, unless I have accrued paid vacation, personal, and sick leave.
- If I fail to contact my supervisor prior to my anticipated return date or return to work as scheduled, I will be considered to have voluntarily resigned from my position at Brehm.
- If I fail to return to work after my Leave and my employment is terminated either by Brehm or me, for reasons other than the continuation, recurrence or onset of a serious health condition, or other circumstances beyond my control, I may be financially responsible for any health insurance premiums paid for by Brehm on my behalf while I was on Leave.

Employee's Signature Date Supervisor's Signature Date

FOR OFFICE USE ONLY

Accrued Time Off: Vacation Personal Sick Unpaid Time Required: _____
 Approved Denied HR Signature: _____ Date: _____