

Date: _____

To: Dr. April Vauss, Superintendent of Schools

From: _____
(Employee Name)

Re: Family and Medical Leave Request Form

_____ **Family and Medical Leave of Absence**

_____ **Intermittent Family and Medical Leave of Absence**
(Attach schedule of absences in advance)

Effective:

_____ through _____
(Beginning date) (Ending date)

This leave is in accordance with the Family and Medical Leave Act (FMLA) and/or the NJ Family Leave Act (FLA) for the following reason:

_____ Due to my own personal health condition

_____ To bond with my newborn/newly adopted/foster child

_____ To care for my seriously ill family member

To continue my pay during this leave period, I request the use of following paid days:

_____ personal illness days

_____ vacation days

_____ other days _____

The required medical certification or other acceptable documentation to confirm necessity will be forwarded to the Benefits Manager by _____.

Sincerely,

Signature

Location/Position: _____

cc: Principal/Supervisor
Benefits Manager