LAWRENCE PUBLIC SCHOOLS
LAWRENCE, MASSACHUSETTS

REQUEST FOR FAMILY OR MEDICAL LEAVE

DIRECTIONS TO EMPLOYEE:
1. You may use this form to **notify Human Resources** of your anticipated date of FMLA leave.

2. Please fill out this form and return it to Human Resources **30 days prior** to your anticipated leave date, or if your leave is unforeseeable, as soon as practicable.

I,_____, request a Leave of Absence pursuant to the **Lawrence Public Schools Family and Medical Leave Act Policy** for the following **reason**:

☐ Birth a child - *Estimated Date of Delivery*:_____;
☐ Placement of a child with me for adoption or foster care - *Date of Placement*:_____;
☐ My own serious health condition;
☐ Serious health condition of my spouse, child, or parent

The **name** and **relationship** of the family member is: _____

Type of FMLA Leave Requested:

☐ Consecutive Weeks (up to 12 weeks) Beginning Date:_____Ending Date:_____
☐ Intermittent Leave Expected day/weeks/months on leave:_____
☐ Reduced Leave Schedule (Specify change in schedule):_____

If the leave requested is for the birth of a child, placement of a child for adoption or foster care, or the serious health condition of a parent, indicate whether your spouse works for the Lawrence Public Schools.

☐ Yes - If yes, state your spouse's **Name** and **School Location**:_____
☐ No

***IN THE CASE OF A FAMILY OR MEDICAL LEAVE DUE TO ILLNESS OF EMPLOYEE OR THE SPOUSE, CHILD, OR PARENT OF EMPLOYEE, A WRITTEN CERTIFICATION OF HEALTH CARE PROVIDER MUST RECEIVED WITHIN 15 DAYS OF STARTING THE LEAVE OR LEAVE MAY BE DENIED.**

Name and address of physician completing Certification of Health Care Provider Form(s):_____
_____
_____

By signing below, I certify that all information on this form is true and accurate and I understand that the Lawrence Public Schools will rely on its accuracy in granting me a FMLA leave of absence. I agree to notify the Lawrence Public Schools as soon as practicable of any changes in this information.

Employee Signature_____**Date**_____

Employee ID Number_____

PLEASE FILL OUT ALL AREAS APPLICABLE
Any questions please contact Rosmery Marzan, HR Attendance Specialist
(978) 975-5900 Ext. 25615