Gridley Unified School District

429 Magnolia Street Gridley, California 95948-2533 Phone (530) 846-4721 Fax (530) 846-4595

Family Medical Leave Act REQUEST FOR FAMILY OR MEDICAL LEAVE OF ABSENCE

Employee Name: _____

Date:

Reason for taking leave: (check one)

- () birth of a child and to care for my child after birth, adoption placement, or foster care;
- () to care for my spouse, child, or parent who has a serious health condition;
- () my own serious health condition makes me unable to perform at least one of the essential functions of my job. If leave is intermittent, provide proposed schedule in comments below.
- Date leave is to start:

Date I expect to return to work:

Comments/schedule of time needed off:

Employee's signature:	Date:
Supervisor's signature:	
Personnel Officer's signature:	Date:

Verification from doctor attached: () Yes () No

Office use only ____Entered into AESOP

Copies to: Employee Supervisor Payroll