

ST. CLAIR COUNTY BOARD OF EDUCATION  
410 Roy Drive, Ashville, AL 35953

**FAMILY AND MEDICAL LEAVE REQUEST FORM**

ELIGIBILITY: To be eligible for the Family and Medical Leave, an employee must have been employed with the Board for at least 12 months and have worked for at least 1,250 hours during the past 12 months.

REASONS: Family and Medical Leave may be requested only for the following reasons: Birth of a child, Adoption or placement of a child, Care of a sick spouse, child, or parent and Serious health condition of an employee.

To: Superintendent of Education From: \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_

I hereby request Family and Medical Leave from my official duties due to the following reason:

- Birth of a Child                       Adoption of a Child                       Placement of Foster Child  
 Care of a Sick Spouse                       Care of a Sick Child                       Care of a Sick Parent  
 \* Serious Personal Health Condition

The expected date on which I would like to begin such leave is: \_\_\_\_\_

The expected date on which I would like to resume my duties is: \_\_\_\_\_

**Use of accrued leave days:**

CONDITIONS: For the birth of a child, care of a sick spouse, child, or parent, or serious health condition of the employee, an employee may use accrued sick leave, personal leave, or vacation days (if applicable) as part of FMLA leave. For the adoption of a child or placement of a foster child, an employee may use accrued personal leave or vacation leave (if applicable) as part of FMLA leave.

I would like to use the following accumulated leave as a part of my approved FMLA Leave:

- SICK LEAVE                      Number of Days to be used                      \_\_\_\_\_  
 PERSONAL LEAVE                      Number of Days to be used                      \_\_\_\_\_  
 VACATION DAYS                      Number of Days to be used                      \_\_\_\_\_

Note: Use of accrued leave days must be approved in advance of beginning Family and Medical Leave.

I have read the Family and Medical Leave Policy, filed GBRI/GCRG, and I am making this request being fully cognizant of its terms and conditions.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Superintendent of Education

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Attach proper documentation from health care provider when there is a serious health condition. Include: (1) date serious health condition began, (2) probable duration of the condition, (3) the necessity for the employee's leave, and (4) that the employee is unable to perform the employee's job functions