



Request for Family Medical Leave (FMLA)
Office for Human Resources and Educator Quality
7227 Land O' Lakes Boulevard, Land O' Lakes, Florida 34638

*Please type or print clearly.
 To be completed by employee.*

Employee's Name: _____
LAST FIRST MIDDLE EMPLOYEE ID# or LAST 4 DIGITS of SSN

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Work Location: _____ **Job Title:** _____ **Inst.** **Noninst.** **Admin.**

Unpaid FMLA Leave is requested for the following reason:

- 1. The birth of a child (son or daughter), and care following the child's birth.
 Date or *expected* date of birth _____
- 2. The adoption of a child, including the events and process leading to the adoption, and care following the adoption.
- 3. The placement and/or care of a child in the foster care of the employee.
- 4. The care of a child, spouse, or parent of the employee who has a serious health condition.
Attach a completed Certification of Health Care Provider for Family Member's Serious Health Condition (MIS Form #307-D)
- 5. The treatment of a serious health condition which prevents the employee from performing the functions of his/her job (including serious health conditions related to pregnancy).
Attach a completed Certification of Health Care Provider for Employee's Serious Health Condition (MIS Form #307)

Unpaid FMLA Leave is requested as follows:

- Continuous Leave: Approximate Dates _____
BEGINNING THROUGH
- Intermittent Schedule (**See instructions below regarding schedule of anticipated Leave.)
- Reduced Schedule to ____ hours per day, or to ____ days per week. (Hours per day or days per week *must* be consistent per pay period. ** See instructions below regarding schedule of anticipated Leave.)

****For Leave which is requested on either an "Intermittent" schedule or a "Reduced" schedule under reasons 4 or 5 (that is, for the serious health condition of the employee or eligible family member), attach the proper MIS Form (#307 or #307-D) completed by the physician, which clearly indicates the intermittent or reduced schedule and the medical necessity for such a schedule.**

FOR DISTRICT REVIEW/APPROVAL ONLY:

- Employed one year**
- 1250 hours**