



Westford Public Schools
 23 Depot St.
 Westford, MA 01886

P: 978-692-5560
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**EMPLOYEE REQUEST
 Family and Medical Leave Act**

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as possible and generally must comply with normal call-in procedures.

Employee Name: _____ School: _____

Department: _____ Date of Hire: _____

Reason for Requested Leave (certification and/or documentation may be required)

Birth of your child and the care of such newborn child. Placement of a child with you for adoption or foster care.
 Expected Delivery Date: _____ Date of Placement: _____

Your own serious health condition (including pregnancy and prenatal care)

A serious health condition affecting your spouse parent child

Qualifying exigency (necessity to address personal issues) due to the military active duty status or call to active duty of a spouse son/daughter parent

You are caring for a spouse son/daughter parent next of kin who is a covered service member with a serious injury or illness obtained from the line of duty.

Type of Leave Requested: Continuous Intermittent Reduced Hours

Would you like to take leave Concurrently with *sick/annual leave (circle one or both) or as paid FMLA?

Anticipated Start Date: _____ Anticipated Return to Work: _____

Please describe the intermittent, flexible, or reduced work schedule request in detail and/or describe any workplace accommodations requested. If you meet the work requirements to be eligible for FMLA, you may be required to provide medical or qualifying exigency certification.

Have you previously taken FMLA with the Westford Public Schools? Yes No

If yes, when and why? _____

I have reviewed this document and verify that the information provided or attached is correct. I have read and understand the FMLA policy.

Employee Signature: _____ Date: _____

Please submit your request to the Human Resources Department.