



Pulaski Academy and Central School District

2 Hinman Road Pulaski, NY 13142

P: 315.298.5188 | F: 315.298.4390

Family Medical Leave Act Request Form

^Employee's Name (please print)

^Employee's Work Location

^Employee's Job Title

^ Date

I am requesting a Family/Medical Leave in accordance with the Family and Medical Leave Act (FMLA) for the following reason(s):

- Family Leave for the birth of my child and care for my child after birth
(FMLA Leave cannot extend beyond age 1)

- Family Leave for the placement of a child with me for adoption or foster care
(FMLA leave cannot extend beyond 12 months after the placement)

- Medical Leave to care for my spouse, child or parent who has a serious health condition
- Medical Leave for my own serious health condition which renders me unable to perform my job
- Qualifying Military Event:
 - Qualifying Exigency
 - Military Caregiver

For leave to be taken all at once rather than on an intermittent or reduced workweek basis:

^Date Leave is to Start

^Date Leave is to End

For leave to be taken on an intermittent or reduced work week basis, please list schedule of time needed off.
(Note: an employee may take Medical Leave on an intermittent or reduced work week basis when medically necessary. An Employee may take Family Leave on such basis only with the approval of the District Superintendent or designee.)

I have been provided a copy of PACS Board Policy 6551 and/or applicable provision of my collective bargaining agreement governing FMLA Leave. I understand that my absence of three (3) or more consecutive days for personal illness (paid or unpaid) and any previous FMLA leave occurring from July 1 of this fiscal year FMLA leave entitlement. I understand I will be required to substitute accrued paid sick leave for medical leave for my own serious health condition and I understand I will be required to pay my share of the premium rate for group health and dental insurance coverage.

^Employee Signature

^Date