Staff Member's Name: $\qquad$ Supervisor's Name: $\qquad$ -

Employee ID \#: $\qquad$
Social Security \#: $\qquad$

I am requesting a Leave of Absence due to the following: (Please check one)The birth of a child, or placement of a child with you for adoption or foster care.
Your own serious health condition.
Because you are needed to care for your spouse; child; parent due to his/her serious health condition. Please circle the family member you are caring for.Because of a qualifying exigency arising out of the fact that your spouse; son or daughter; parent is on covered active duty or called to covered active duty status with the Armed Forces.Because you are the spouse; son or daughter; parent; next of kin of a covered service member with a serious injury or illness.
Personal
Educational
Military
For leave to be taken at one time, rather than intermittently or on a reduced work week:
Leave start date: $\qquad$ Expected return to work date:
Total Days Requested:
For leave to be taken intermittently: (Staff member requesting intermittent leave must make a reasonable effort to schedule medical treatments and appointments in a way that causes minimal disruption of SCH operations.)

Dates requested for intermittent leave:
I understand that should I go into a "no-pay" status (fully exhausting all LTB, PDL, and OTO balances first), I will be responsible for my portion of all premiums and/or payments currently being deducted from my paycheck. I must contact Human Resources to make arrangements to continue these payments to prevent any cancellations. All payments are due on the dates you would normally receive a paycheck.

Staff Member's Signature: $\qquad$ Date: $\qquad$

## Health Care Provider Certification

Staff members who request FMLA leave because of a serious health condition, whether their own or a family member's, must also submit a "Medical Certification," completed by a healthcare provider, to Human Resources before the leave can be approved. All Leaves of Absence forms are available in Human Resources.

