HAUPPAUGE PUBLIC SCHOOLS

REQUEST FOR LEAVE UNDER THE FAMILY MEDICAL LEAVE ACT

Employee to Complete & Return to Personnel Office

Employee Name: _____

Address: _____ Telephone: _____

Position: _____ Building: _____

Supervisor: _____

I hereby request leave under FMLA from _____ through _____

Reason: ☐ Incapacity due to pregnancy, prenatal medical care or childbirth; ***(IF SELECTED, REFER TO BOX "B" BELOW)***
☐ To care for a child after birth, adoption placement or foster care;
☐ Inability to perform your job due to a serious health condition OR a need to care for a spouse, child or parent who has a serious health condition ***(IF SELECTED, COMPLETE BOX "A" BELOW)***

Were you on a Family Medical Leave during the past 12 months? ☐ Yes ☐ No

A. Serious Illness Leave Only

- Name of family member & relationship for whom you will provide care: _____
- If family member is a child, is the child under 18 years of age? ☐ Yes ☐ No
- Medical certification, as per enclosed form, must be completed by primary physician & employee.
- The Hauppauge School District will seek permission to contact and verify the reason for your requested leave, or for any other information concerning your requested family and medical leave, as per the attached Authorization for Release of Health Information.

B. Maternity Leave Only:

- Following birth of your child, provide Personnel with a doctor's note stating date and type of delivery.
- Notify Personnel in writing of any changes to original requested leave dates, such as expected date of delivery.
- If applicable, notify the Benefits Department (ext. 8213) to enroll your child.

I understand that I am expected to return to work at the end of my leave period unless an extension has been agreed upon and approved in writing by the District.

_____ _____
Employee Signature Date

*****FOR PERSONNEL OFFICE USE ONLY*****
DO NOT WRITE BELOW THIS LINE

Date Requested:

From _____ through _____

☐ Approved pending medical verification ☐ Medical certification received ☐ Approved

☐ Denied _____

_____

Board of Education Meeting: _____

_____ _____
Assistant Superintendent Personnel & Administration Date