

**REQUEST FOR FAMILY OR MEDICAL LEAVE  
(FMLA)**

Request by: \_\_\_\_\_

Beginning date of leave: \_\_\_\_\_

Expected date of return: \_\_\_\_\_

Reason for leave request:

- Personal accidental injury
- Surgery
- Illness
- Pregnancy
- Family member\*

\*If family member

Name of Family member: \_\_\_\_\_

Relationship of family member to you: \_\_\_\_\_

Describe care you will provide: \_\_\_\_\_

A leave request, based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent, **MUST be accompanied by a medical certification from an attending health care provider or providers.**

I understand that a failure to return to work at the end of my leave period may be treated as a resignation and will serve as a basis for discharge unless an extension has been agreed and approved in writing by the superintendent of Ringwood Public Schools.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Principal approval

\_\_\_\_\_  
Superintendent approval