



CHARLOTTESVILLE CITY SCHOOLS

HUMAN RESOURCES DEPARTMENT

FAMILY AND MEDICAL LEAVE ACT REQUEST

Name: _____ Last Four Digits of Social Security # _____

Position: _____

Location: _____

I hereby request leave under the Family and Medical Leave Act for one of the following reasons:

- To care for child after birth, or placement for adoption or foster care; (This time to be deducted from sick, personal, or leave without pay). Intermittent leave must be approved by the Superintendent.
- To care for spouse, son or daughter, or parent, who has a serious health condition; (This time to be deducted from illness in family, personal, or leave without pay)
- Personal serious health condition. (This time to be deducted from sick, personal, or leave without pay)

____ I have attached the “Certificate of Health Care Provider” completed by the doctor.
 or
 ____ I need the “Certificate of Health Care Provider” forwarded to me.

I have reviewed this request with my Principal/Supervisor and it will be effective from
 ____/____/____ to ____/____/____. I plan to return to work ____/____/____.
 M D Y M D Y M D Y

Employee Signature

Date