



Clayton County Public Schools Division of Human Resources

FAMILY MEDICAL LEAVE REQUEST FORM

EMPLOYEE INSTRUCTIONS

This form must be completed by the employee to request a medical leave of absence. Please complete the form and forward to the Division of Human Resource Department either by email FamMedLeave@clayton.k12.ga.us or deliver to 1058 Fifth Avenue, Jonesboro, GA 30236

EMPLOYEE INFORMATION

SSN/EMP ID _____ First Name _____ MI _____ Last Name _____

Complete Address _____ City _____ Zip Code _____

Phone Number _____ Alt. Phone Number _____

Email Address _____
(All correspondence will be sent via email only)

School/Department _____ Position _____

Employee's Supervisor/Manager _____ Phone Number _____

ABSENCE INFORMATION

Type of Leave Requested: Continuous Days Intermittent

I am requesting Family and Medical Leave for the following dates (*maximum of 60 days per rolling calendar year*)

Beginning Date _____ Ending Date _____ Anticipated Return to Work Date _____
Prior to processing request, employee must provide anticipated (estimated) leave dates as request above.

LEAVE IS REQUIRED FOR:

<p>Serious Health Condition of:</p> <p>Check one:</p> <p><input type="checkbox"/> Employee</p> <p>OR</p> <p><input type="checkbox"/> Spouse (name) _____ OR</p> <p><input type="checkbox"/> Parent (name) _____ OR</p> <p><input type="checkbox"/> Child (name) _____ AGE _____</p>	<p><input type="checkbox"/> Birth of Child</p> <p>OR</p> <p><input type="checkbox"/> Adoption of a Child</p> <p><input type="checkbox"/> Placement of a Child</p> <p>(***must provide supporting documentation)</p> <p>Date(or expected date) of birth, adoption, or placement of a foster child: _____</p>
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Military:

Qualifying Exigency (call to active duty) To care for a covered service member with a qualified serious injury or illness

Self Spouse Son Daughter Parent (do not include in-laws) Next of Kin

Supporting documentation is required (i.e. copy of official orders)

Signature of Employee : _____ Date: _____
Signature below indicates knowledge of leave and that employee is applying for FML:

Signature of Principal/Supervisor: _____ Date: _____

Print Principal/Supervisor name: _____