



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 _____

Personal Email: _____@_____

(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:

Serious Health Condition of :

Check one:

- Employee
- OR
- Spouse (name) _____ OR
- Parent (name) _____ OR
- Child (name) _____ AGE _____

Birth of Child

OR

Adoption of a Child

Placement of a Child

*(***must provide supporting documentation)*

Date(or expected date) of birth, adoption, or placement of a foster child: _____

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: _____

Return complete FML application to: Clayton County Public Schools Division of Human Resources
Department at: 1058 Fifth Avenue, Jonesboro, GA 30236 or email to FamMedLeave@clayton.k12.ga.us