

**Chattooga County Board of Education
33 Middle School Road
Summerville, Georgia 30747**

Date: _____

Name of Employee: _____ Last four digits of SSN: _____

Work Location: _____

I request to use FMLA beginning _____ and ending _____.

Please check reason:

- _____ A. Pregnancy/birth of my child
- _____ B. Care of my newborn child. (Bonding time)
- _____ C. The adoption or foster care of a child, or care of the child after placement with me.
- _____ D. My serious health condition which renders me unable to perform my essential job duties.
- _____ E. Care of my (circle one) child, spouse or parent who has a serious health condition.

I request to use my available sick and/or vacation leave during this period of absence if eligible.

I understand that use of FMLA for any combination of circumstances listed above will be limited to a total of twelve (12) work weeks in a calendar year. I also understand that return to my former position or equivalent position with the same pay and grade, benefits and comparable working condition is contingent upon compliance with the terms of approved family and medical leave.

Employee Signature

Date

Principal/Supervisor Complete this Section

I ___ do ___ do not recommend approval for this employee's request for leave of absence under the terms of the Board policy and provision for this request.

Comments: _____

Principal / Supervisor Signature

Date

**Please forward this form to the Human Resource Director
for completion and verification before FMLA Leave is needed .**