

Montgomery Independent School District
Family or Medical Leave Request

Please Print

Employee's name _____ Position _____

Employee ID # _____ Dates of leave requested _____

Campus/Building _____ Anticipated return date _____

Reason for Leave:

- birth of your child or the placement of a child with you for adoption or foster care
- a serious health condition that makes you unable to perform the essential functions of your job
- a serious health condition affecting your
 - spouse
 - child
 - parentfor which you are needed to provide care.

Note: 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 verifying medical certification from a physician.

I have read and understand district policies regarding Leave of Absences. I understand that this leave must be taken concurrently with any other leave to which I am entitled under Board policy. I understand that I must make arrangements with the district Finance Office to pay for my share of the health insurance benefits. I also understand that as long as I qualify for FMLA the district will continue to pay my health insurance benefits at the same level and under the same conditions that coverage would have been provided if I had continued in my job.

Employee Signature _____ Date _____

Human Resources Department

- Approved
- Not Approved

Signature: _____ Date: _____