



DUBLIN UNIFIED SCHOOL DISTRICT FAMILY MEDICAL LEAVE ACT (FMLA) REQUEST

EMPLOYEE _____

SITE _____

POSITION _____

Family Care leave is for: (check one)

- A. Birth/Placement of a child for adoption/foster care
- B. Serious health condition of a spouse/parent/child
- C. Serious health condition of the employee

Briefly explain circumstances for the item checked above:

DURATION OF LEAVE: (State the start and end date requested for family care leave. In the case of a seriously ill family member [spouse, parent, child] please state the care to be provided and attach physician's authorization.)

Employee Signature:	Date:
Human Resources Approval:	Date: