

REQUEST FOR FAMILY AND MEDICAL LEAVE OF ABSENCE

Jamestown Public Schools

CONFIDENTIAL

updated for COVID-19
Through 12-31-2020

Date:

I. Employee Information

Name: _____

School: _____ Position: _____

II. Leave information

Date leave will begin _____ Estimated date of return _____

This Family Medical Leave of Absence is for the following qualifying reasons:

- ☐ For the birth and/or care of a newborn child
- ☐ For the placement of a child with you for adoption or foster care
Please indicate the date of birth or placement:
Anticipated date: _____ or Actual Date: _____
- ☐ A serious health condition that makes you unable to perform the essential functions of your job
- ☐ A serious health condition affecting your spouse, child, or parent for which you are needed to provide care.
- ☐ Is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.

Name: _____

Relationship: _____

Employee Signature: _____

Date: _____