Family Medical Leave Request Form
Radford City Public Schools

To Be Completed by the Employee:

1. Please complete this form to request Family Medical Leave.
2. Get a signed and dated medical statement from your doctor stating the reason for your request. (Diagnosis of serious personal health condition, the birth, adoption, or foster care placement of a child, or the care of an immediate family member.) The statement should include the projected beginning date of the absence and the projected returning date from the absence.
3. Discuss this information with your Principal or Supervisor.
4. Please send this completed form and the medical statement signed by your doctor to Kerri Long at the School Administration Building.

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_____ _____
Employee's First, Middle, and Last Name Social Security Number

_____
Street or Road Address City State Zip Code

_____
Mailing Address if different from above

_____ _____
Job Title Work Location

_____ _____
Home phone number Cell phone number

_____
Home e-mail address if available

_____ _____
Projected beginning date of leave Projected return date from leave

_____
Reason for leave as stated on attached Medical Statement

_____Requesting to use Leave Days ____Requesting to use Leave without pay

_____ _____
Signature of Employee Date

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HR Use Only: *Copies to___Personnel File ___Supervisor*

bhg 9-30-2010 _____Date