



BOYERTOWN AREA SCHOOL DISTRICT
Boyertown, PA 19512

REQUEST FOR FAMILY MEDICAL LEAVE OF ABSENCE

This form must be submitted to the Human Resources Office sixty (60) days prior to the beginning leave or as soon as possible.

Name of employee: _____

Job Title/School: _____

Expected date of delivery: _____

Date of adoption or placement of child in your home: _____

Anticipated last day of work: _____

Personal days to be used (optional): _____

Number of sick days to be used: _____

Date unpaid leave will begin: _____

Expected date to return to work: _____

I am requesting a Family Leave of Absence for the following reason(s):

- Employee's Serious Health Condition (Form WH-380-E)
- Family Member's Serious Health Condition (Form WH-380-F)
- Qualifying Exigency for Military Family Leave (Form WH-384)
- Serious Injury or Illness of a Current Service Member (Form WH-385)
- Serious Injury or Illness of a Veteran for Military Caregiver Leave (Form WH-385V)

By my signature below, I certify that my request for Family Medical Leave of Absence is for the reason(s) checked above. In addition, I recognize that, I must submit a completed Certification of Health Care Provider form.

Employee Signature: _____

Date: _____