

Request for Family Medical Leave

Please refer to the Board of Education GCC Policy "Family Medical Leave" for specific requirements and procedures for requesting and taking family/medical leave. The Act provides special rules for certain school employees, as specified in this Board of Education Policy. When leave is due to a serious health condition, medical certification of the condition is required.

Print or type your request and forward directly to the Benefits Office.

Name: _____

Today's Date: _____

Employee ID: _____

School Name: _____

Date of Employment: _____

Job Title: _____

Work Phone Extension: _____

Home/Cell Phone: _____

Personal E-mail address: _____

Current Mailing address: _____

Please state your reason(s) for requesting this leave:

The requested start date of my leave is: _____

The period of time I am requesting is: _____

If your return date is to be determined – you must indicate a tentative return/time period

I understand that by completing and signing this form I am initiating a leave request and will advise the Benefits Office directly regarding a need to cancel or reschedule.

You will receive written notification of the disposition of your request from the Benefits Office once all required information and documents are received and verified by Human Resources.

Signature: _____ Date: _____