

SCHOOL ADMINISTRATIVE UNIT 44

Northwood School District

From: _____
Print Name

Position: _____

Date: _____

School District: Northwood

SUBJECT: FMLA REQUEST

TO: SAU #44 Human Resources

This request must be submitted within five (5) days of learning of a qualifying FMLA event.

I hereby request a Leave of Absence under the Family and Medical Leave Act due to:

☐ The birth or placement of a child for adoption or foster care

☐ A serious health condition which makes me unable to perform essential functions of my job

☐ A serious health condition affecting my ☐ spouse, ☐ child, ☐ parent for whom I must provide care

This leave will be ☐ continual or ☐ intermittent beginning on _____ and

anticipate ending on _____.

Employee Signature: _____

Date: _____