

**Williamston Community Schools  
Family and Medical Leave Request Application Form**

Application for Family and Medical Leave must be turned in to the Human Resources Department according to the time frame indicated in the employee's contract (if employee is not under a contract, within six weeks prior to anticipated beginning of leave).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Leave Start Date: \_\_\_\_\_ through \_\_\_\_\_ Return to Work Date: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Purpose of Leave: \_\_\_\_\_

Have you requested Family and Medical Leave previously: \_\_\_\_\_

If yes, when was the completion date of the last leave? \_\_\_\_\_

Have you used more than twelve (12) weeks of Family and Medical Leave in the last 12 months? \_\_\_\_\_

Appropriate medical verification must be submitted prior to approval of the leave. Please find attached my medical verification form from the physician. Dated: \_\_\_\_\_

I will be supplying medical verification by: \_\_\_\_\_

**The Employee Understands That This Leave Cannot Be Granted Without The Express Approval Of The Superintendent.**

\_\_\_\_\_  
Signature of Employee Date

Eligibility for Family Medical Leave Act has been verified by the Business Office. \_\_\_\_\_  
Initial Date

I have been notified and am aware of this request.

\_\_\_\_\_  
Signature of Supervisor Date

**Please Do Not Write Below This Line.**

I approve \_\_\_\_\_ do not approve \_\_\_\_\_ this leave under the Family Medical Leave Act.

\_\_\_\_\_  
Signature of Superintendent Date