



Easton Area School District
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Director of Human Resources

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REQUEST FORM FOR FAMILY MEDICAL LEAVE OF ABSENCE

Name: _____ Building: _____

Position: _____ Date: _____

I hereby apply for a Family and Medical Leave of Absence for the following reasons:

- _____ The birth and/or first year care of my child:
Attach doctor's note.
Provide estimate as to the amount of leave time needed.
- _____ The placement of a child with me for adoption or foster care:
Attach documentation.
Provide an estimate as to the amount of leave time needed.
- _____ The care of my child, spouse, or parent who has had a serious health condition:
Attach medical documentation with the date and nature of the illness.
Provide an estimate as to the amount of leave time required.
- _____ My inability to perform the functions of my position because of a serious health condition. Attach medical certification stating the date the serious health condition commenced, the reasons for the leave, and the inability of the employee to perform the functions of his/her position.
- _____ Military caregiver leave to care for a covered servicemember, including a covered veteran, with a serious injury or illness:

Attach medical documentation with the date and nature of the illness.
Provide an estimate as to the amount of leave time required.

_____ Qualifying exigency leave arising out of the fact that my spouse, son, daughter, or parent is on active duty military service in a foreign country, or has been notified of an impending call or order to active duty military service in support of a contingency operation:
Attach documentation.
Provide an estimate as to the amount of leave time needed.

Effective date of leave: _____

Note: Please submit this form thirty (30) days in advance of the effective date of the leave.

Estimated return to employment date: _____

My request is for:

_____ Full time leave of absence
_____ Intermittent Leave

Note: Medical certification must state the dates on which treatments are to be given and the duration of such treatments.

Signature: _____
Street Address: _____

Date: _____

Approved by: _____
Administrator's Signature

Approved at Board Meeting: _____
Date of Board Meeting