



REQUEST FOR LEAVE FORM

INSTRUCTIONS: Complete this request form and submit to Human Resources at 12507 Warwick Blvd., Newport News, VA 23606 or fax to (804) 622-3561. You will receive a Designation Notice from the HR Department to confirm if you are eligible for FMLA leave. Please note that employees **may** be required to provide a medical certification upon request and that all accrued paid leave must be used before unpaid leave begins. Should you have any questions, please contact the HR Department at (757) 881-5061.

Name: _____ Employee ID Number: _____

Position / Work Location: _____ Supervisor's Name: _____

Daytime Telephone Number: _____

Complete Mailing Address: _____

Reason for Leave Request: (Check One)

- Birth of a child, or placement of a child with you for adoption or foster care
- Your own serious health condition
- Because you are needed to care for your ___ spouse; ___ child; ___ parent due to his/her serious health condition
- Because of a qualifying exigency arising out of the fact that your ___ spouse; ___ child; ___ parent is on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Because you are the ___ spouse; ___ child; ___ parent; ___ next of kin of a covered service member with a serious injury or illness.

Duration of Requested Leave (Check One and Provide Dates)

- Leave for a Definite Period of Time
Start Date of Requested Leave: _____ Expected Date of Return: _____
 - Intermittent Leave – Provide dates/schedule and/or anticipated duration of time off
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Employee Signature

Date

My signature certifies that the information given on this form is true. I understand that making false statements on this form is grounds for discipline up to and including termination of my employment with Newport News Public Schools.