

MAINE SCHOOL ADMINISTRATIVE DISTRICT #33

Employee Request for Family/Medical Leave

I, _____
(Employee Name)

request the consideration of a Family/Medical Leave due to:

- A serious health condition that makes me unable to perform the essential functions of my job, or;
- A serious health condition affecting my spouse, child, parent, for which I am needed to provide care, or;
- The birth of my child and/or caring of the newborn, or;
- The placement of a child for adoption or foster care, and to care for the newly placed child.

If eligible, I request that the leave begin on _____

and expect to be on leave until on or about _____

Additional Comments:

Employee Signature

Date