

Barrington Public Schools – Medical Related Leave Request

STEP 1 (To be completed by employee, and then reviewed by Supervisor):

Employee Name: _____

Date(s) requested: _____ Total number of days/hours: _____

Type of leave* requested:

- The 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

If employee is a faculty member is a substitute needed: YES NO

Subject(s): _____

Do you request a particular substitute? If so, who and why? _____

Employee signature: _____ Date: _____

STEP 2 (To be completed by the Supervisor):

- Sufficient certification to support the requested FMLA leave is/ is not included.
- Sufficient documentation to establish the required relationship between you and your family member
- No additional information is needed

The Leave is recommended for APPROVAL not recommended for APPROVAL

Reason for the recommendation: _____

Supervisor/Division Superintendent Signature: _____ Date: _____

STEP 3 (To be completed by the Superintendent or Designee):

Re Employee: LEAVE APPROVED

Re Substitute: PER DIEM SUB DEPT. COVERAGE Sub Reimbursement Required? YES NO

Reason for approval or denial: _____

Signature: _____ Date: _____

STEP 4 (For Business Office use only): FMLA letter issued: Date: _____