OCMBOCES
Committed to Your Success

Family and Medical Leave Request

▲Employee's Name (please print) _____

▲Employee's Work Location _____

▲Employee's Job Title _____

▲Date _____

I am requesting a Family/Medical Leave in accordance with the Family and Medical Leave Act (FMLA) for the following reason(s):

- ❒ Family Leave for the birth of my child and care for my child after birth (FMLA leave cannot extend beyond age 1)
- ❒ Family Leave for the placement of a child with me for adoption or foster care (FMLA leave cannot extend beyond 12 months after the placement)
- ❒ Medical Leave to care for my spouse, child, or parent who has a serious health condition.
- ❒ Medical Leave for my own serious health condition which renders me unable to perform my job.
- ❒ Qualifying Military Event:
  - _____ Qualifying Exigency
  - _____ Military Caregiver

For leave to be taken all at once rather than on an intermittent or reduced work week basis:

▲Date Leave is to Start _____ ▲Date Leave is to End _____

For leave to be taken on an intermittent or reduced work week basis, please list schedule of time needed off. *(Note: an employee may take Medical Leave on an intermittent or reduced work week basis when medically necessary. An employee may take Family Leave on such basis only with the approval of the District Superintendent or designee.)*

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I have been provided a copy of OCM BOCES Board Policy 5341 and/or applicable provision of my collective bargaining agreement governing FMLA Leave. I understand that my absence of four (4) or more consecutive days (paid or unpaid) and any previous FMLA leave occurring from July 1 of this fiscal year to the effective date of this request for FMLA leave will be subtracted from my total annual fiscal year FMLA leave entitlement. I understand I will be required to substitute accrued paid leave for medical leave for my own or my family members serious health condition and I understand I will be required to pay my share of the premium rate for group health and dental insurance coverage.

▲Employee Signature _____

▲Date _____

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