



NORTH READING PUBLIC SCHOOLS

REQUEST FOR FAMILY MEDICAL LEAVE

Date: _____

To: Human Resources Administrator

From (Please Print): _____

I hereby request to take Family Medical Leave (Article XIV Section K or the NREA contract) due to:
(*Check One*)

- ☐ The birth of a child or the placement of a child for adoption or foster care.
Anticipated Due Date/Adoption Date: _____
- ☐ A serious health condition that makes **me** unable to perform the essential functions of my job
- ☐ A serious health condition affecting **my spouse, child, parent**, for which I am needed to provide care.

The requested leave is expected to begin on _____ and to continue until or about the following date: _____.

An employee's available and applicable paid leave (e.g., sick leave) may be substituted for unpaid FMLA Leave (12 Weeks/60 days) at the discretion of the employee, provided such paid leave is generally available in the circumstance of the leave per Article XIV section K of the NREA Contract. (See approved Leave of Absence Organizational Chart for guidance on what may be available.)

I choose to have sick leave time deducted from available sick days if available: Yes _____ NO _____

If yes, I would like to use _____ sick days from my total available _____ sick days.

I choose **NOT** to have sick leave time deducted from available days: Yes _____

Signature of Employee

Whenever possible, this form should be submitted at least two (2) weeks prior to the commencement of the leave. Forms should be sent to the Human Resources Administrator.

Approved: _____

Not Approved: _____

Superintendent of Schools

Date