



Danbury Public Schools

EMPLOYEE - COMPLETE AND RETURN IMMEDIATELY

REQUEST FOR AND/OR RESPONSE TO FAMILY AND MEDICAL LEAVE ACT (FMLA)

The employer or employee may initiate a FMLA request Leave by filling out the information contained in the box below. The remainder of the form is for use by the employer when responding to a FMLA Leave request from an employee.

Request

Employee requesting FMLA Leave:

Please be advised that as of _____, I give you notice of my need to
(Today's date)
take family/medical leave due to:

- the birth of a child, or the placement of a child for adoption or foster care; or
- a serious health condition that makes you unable to perform the essential functions of your job, or
- a serious health condition affecting my spouse, child, parent, for which I am needed to provide care.

I need this leave beginning on _____, and I expect the leave to
(Date)
continue until on or about _____.
(Date)

Employee Signature

Date of Request