



Newaygo County Regional Educational Service Agency
4747 W. 48th Street, Fremont, MI 49412
(231) 924-8853

REQUEST FOR FAMILY AND MEDICAL LEAVE ABSENCE

NOTE: Employees who have worked for at least 1,250 hours during the 12 month period immediately prior to the request for leave are eligible for an FMLA leave.

Name: _____ Building/Department: _____

TYPE OF LEAVE REQUESTED

☐ Family Medical Leave of Absence

☐ Self ☐ Family Member: _____

☐ Extension of Family Medical Leave of Absence

☐ Date of prior approved Family Medical Leave are: _____ to _____

☐ Leave to care for newborn or adopted child or a child placed (via state procedures) for foster care

The leave (or extension) requested will begin on _____ and end on _____. If the request is for multiple days off for recurring medical treatments of a child, parent or spouse, or for your own medical treatments, specify dates requested:

REASON FOR LEAVE

I request a Family Medical Leave of Absence for the following reason: (check one box)

☐ my personal serious health condition

☐ the birth of my child

☐ the adoption of a child by me

☐ the placement (by the State) of a child with me for foster care

☐ a serious health condition of my child

☐ a serious health condition of my spouse

☐ a serious health condition of my parent

Employee Signature

Date