

# Plymouth-Canton Community Schools

## Request for Family/Medical Leave

Employee Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

I am requesting a leave under the Family and Medical Leave Act for the following reason(s):

- Because of a serious health condition that began on \_\_\_\_\_ and that renders me unable to perform the functions of my job. (Doctor's verification needed.)
- Because of pregnancy. My expected delivery date is: \_\_\_\_\_. (Doctor's verification needed.)
- To care for my newborn child, adopted child or recently placed foster child.
- To care for my spouse, child or parent who has a serious health condition. (Doctor's verification needed.)
- Serious Illness or Injury of Covered Service Member (Military Family Leave)
- Qualifying Exigency of employee's spouse, son, daughter or parent. (Military Family Leave)

My leave would begin on: \_\_\_\_\_ Expected return to work date: \_\_\_\_\_

*I understand that I may also be required to submit a Medical Certification Statement form, dependent on the reason for my leave. I also understand that I must use all available leave days (per the applicable employment contract/agreement) in conjunction with this request.*

*If the duration of my Family & Medical Leave (total of paid and unpaid time) does not exceed 12 work weeks, I will be returned to my same or equivalent position within district building locations. If I do not return to work when my leave expires, or receive prior permission, in writing, from the Executive Director of Human Resources granting me an extension, I will be considered to have abandoned my job and my employment with the District will end. In addition, I understand the District may recover premiums paid for maintaining my group insurance during my period of leave if I fail to return to work following my Family & Medical Leave.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*Return this to: Dawn McBeath  
Plymouth-Canton Schools  
Human Resource Dept.  
454 S. Harvey  
Plymouth, MI 48170*