

ADAMS COUNTY/OHIO VALLEY SCHOOL DISTRICT

141 Lloyd Road
West Union, Ohio 45693
TELEPHONE: 937-544-5586
FAX: 937-544-3720

REQUEST for FAMILY AND MEDICAL LEAVE

EMPLOYEE NAME (Please print): _____

POSITION: _____ BUILDING: _____

I request leave Beginning (date) _____

Ending (date) _____

REASONS FOR LEAVE (check one):

- 1. The birth and first year care of a child.
- 2. The adoption or foster placement of a child.
- 3. The serious illness of an employee's spouse, parent, or child
(name _____, relationship _____).
- 4. The employee's own serious health condition that prevents the employee from performing the essential functions of his/her position.

Employee's remarks: _____

Requested By: _____ (Employee) Date: _____

ADMINISTRATIVE ACTION:

Date Received: _____ APPROVED DISAPPROVED

Building Administrator: _____ Date: _____

Superintendent or Designee: _____ Date: _____

Employer Response to Employee Sent _____ Date: _____