

Leave Request

Type of Leave: _____ [maternity/paternity/medical/family medical/intermittent]

Date: _____

Herscher CUSD #2 Board of Education and Superintendent,

I am writing to inform you of my _____ [pregnancy/surgery/illness/family member illness] and I am requesting FMLA leave.

- ☐ **For consecutive days leave:**
I intend to start this leave on: _____ and return: _____. (___ days)
I plan to use my accumulated sick days. I understand that if the days taken exceed my available days, the remaining time will be unpaid (if hourly employee) or reduced from my annual contract (if paid via contract).
- ☐ **For intermittent leave:**
I intend to start this leave: _____. Due to the intermittent component of this leave, I do not know the exact number of taken that will be needed. I plan to use my accumulated sick days to cover these days and understand that if my available days do not cover all the time needed, the remaining time will be unpaid (if hourly employee) or reduced from my annual contract (if paid via contract).

Thank you for your consideration.