RPS RICHMOND PUBLIC SCHOOLS

PARENTAL AND MEDICAL LEAVE REQUEST FORM

EMPLOYEE INFORMATION	
NAME:	EMP ID NUMBER:
PHONE:	LOCATION:
	SUPERVISOR:

REASON FOR LEAVE	DATES OF LEAVE
☐ **Parental** ☐ Birth of Child ☐ Bonding ☐ Adoption/Foster Care Placement ☐ Stillbirth ☐ **Medical** ☐ Employee Serious Health Condition ☐ Child, Spouse or Parent Serious Health Condition Please circle: Child Spouse Parent ☐ Qualifying Military Exigency ☐ Covered Service Member	Expected Begin Date of Leave: Expected End Date of Leave: ☐ Continuous ☐ Intermittent Requested Intermittent Schedule: _____ _____
Comments:	
Employee Signature:	Date:

BENEFITS/COMPENSATION DEPARTMENT USE ONLY	
<u>Eligibility</u> ☐ 12 months service? ☐ 1250 hours worked / 12 months? ☐ Medical Certification complete? ☐ FML Approved? _____weeks or _____ hours	<u>Previous FML Time</u> Previous FML time used during the last 12 months? ☐ Yes ☐ No _____ weeks/hours
Benefits/Compensation Representative:	Date:

RETURN TO THE BENEFITS AND COMPENSATION DEPARTMENT AT BENEFITS@RVASCHOOLS.NET