

**Form HR-1
EMPLOYEE REQUEST
FOR LEAVE OF ABSENCE UNDER
THE FEDERAL FAMILY MEDICAL LEAVE ACT (FMLA)**

City of Waterbury Board of Education

Please read the information below carefully then complete the form thoroughly and return it to the Human Resources Department located at
236 Grand Street, 3rd Floor, Room 310, Waterbury, CT 06702.

Note: This leave request must be accompanied by certification to support a request for Family Medical Leave.

Employee Name: _____ **Phone Number:** _____

Department: _____ **Office/School:** _____

Supervisor Name: _____

Duration of Leave: From: _____ **To:** _____ (Must be completed)

Reason for Request:

_____ The birth of a child, or placement of a child with you for adoption or foster care;

_____ Your own serious health condition;

_____ Because you are needed to care for your _____ spouse; _____ child; _____ parent due to his/her serious health condition.

_____ Because of a qualifying exigency arising out of the fact that your _____ spouse; _____ son or daughter; _____ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

_____ Because you are the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered service member with a serious injury or illness.

Does your spouse work for the City? _____ (fill in "yes" or "no")

If yes, Name of spouse _____ Department name _____

Will he/she be taking leave for the same purpose? _____ (fill in "yes" or "no")

Intermittent/Reduced Schedule Leave:

"Intermittent leave" is leave taken in separate blocks of time due to a single qualifying reason.

"Reduced leave schedule" is a leave schedule that reduces an employee's usual number of working hours per workweek, or hours per workday.

It is a change in the employee's schedule for a period of time, normally from full-time to part-time.

Under Federal FMLA, under certain conditions, leave can be taken intermittently or on a reduced leave schedule.

Answer ("yes" or "no") to the following:

I am requesting FMLA for "intermittent" _____

I am requesting FMLA for "reduced leave" schedule _____

If yes, explain. _____

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been requested, agreed upon and approved in writing by the agency.

Employee Signature

Date