



# REQUEST FOR LEAVE FORM

**INSTRUCTIONS:** Complete this request form and submit to Human Resources at 12507 Warwick Blvd., Newport News, VA 23606 or fax to (757) 643-7405. You will receive a Designation Notice from the HR Department to confirm if you are eligible for FMLA leave. Please note that employees **may** be required to provide a medical certification upon request and that all accrued paid leave must be used before unpaid leave begins. Should you have any questions, please contact the HR Department at (757) 881-5061.

Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Position / Work Location: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

**Reason for Leave Request: (Check One)**

- 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; \_\_\_ child; \_\_\_ parent is on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
- Because you are the \_\_\_ spouse; \_\_\_ child; \_\_\_ parent; \_\_\_ next of kin of a covered service member with a serious injury or illness.

**Duration of Requested Leave (Check One and Provide Dates)**

Leave for a Definite Period of Time  
Start Date of Requested Leave: \_\_\_\_\_ Expected Date of Return: \_\_\_\_\_

Intermittent Leave – Provide dates/schedule and/or anticipated duration of time off  
\_\_\_\_\_  
\_\_\_\_\_

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

My signature certifies that the information given on this form is true. I understand that making false statements on this form is grounds for discipline up to and including termination of my employment with Newport News Public Schools.