

NEWARK UNIFIED SCHOOL DISTRICT

REQUEST FOR FAMILY CARE LEAVE

DATE:

EMPLOYEE:

SS#:

Family care leave is being applied for in order to provide for: (check one)

- { } A. Birth/Placement of a child for adoption/foster care
{ } B. Serious health condition of spouse/parent/child
{ } C. Serious health condition of the employee

Briefly explain circumstances for the item checked above:

Four horizontal lines for explaining circumstances.

DURATION OF LEAVE: (State the period of leave that is requested. In the case of seriously-ill family member, please state the care to be provided)

Eight horizontal lines for duration of leave.

Employee Signature: _____ Date: _____

Human Resources Approval: _____ Date: _____