

**CAPE PUBLIC SCHOOL DISTRICT No. 63**  
**Request for Family and Medical Leave (FMLA)**

---

---

This form is to be used to request Family/Medical Leave. Form should be completed and submitted to Human Resources.

**Date of Request:** \_\_\_\_\_

**Employee's Name:** \_\_\_\_\_

**School/Department:** \_\_\_\_\_

**Does your spouse work for the District?**             **Yes**     **No**

**Reason for Leave:**

\_\_\_\_\_ **Birth and first year care of child**

\_\_\_\_\_ **Adoption or foster placement of a child**

\_\_\_\_\_ **Your own serious health condition**

\_\_\_\_\_ **Serious health condition of spouse, child or parent**

\_\_\_\_\_ **Qualifying exigency arising out of the fact that spouse, child or parent is a covered service member on active duty (or has been notified of an impending call or order to active duty)**

\_\_\_\_\_ **To care for a covered service member with a serious injury or illness (your spouse, child, parent or next of kin of the service member)**

**Beginning Date of Leave:** \_\_\_\_\_

**Ending Date of Leave:** \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Internal Use Only: Notification Letter to Employee \_\_\_\_\_ Notification Letter to Supervisor \_\_\_\_\_

Form WH-381 \_\_\_\_\_ Form WH-380-E \_\_\_\_\_ Form WH-380-F \_\_\_\_\_ Form WH-382 \_\_\_\_\_

Date received: \_\_\_\_\_