

MCINTOSH TRAIL CSB FAMILY LEAVE REQUEST FORM

NAME: _____ SS#: _____

SUPERVISOR: _____ WORK SITE: _____

I hereby request use of family leave from _____ to _____
for one of the following reasons:

Please check one:

- _____ A. The birth of a child.
- _____ B. The adoption or foster care of a child.
- _____ C. Care of my child, spouse, parent or spouse's parent (circle one) who has a serious health condition.
- _____ D. A serious health condition which renders me unable to perform my essential job functions.

For A and B, provide the Documentation of Child Birth, Adoption, or Foster Care Form.
For C and D, provide the Health Care Provider Certification Form.

Note: Utilization of family leave for any combination of circumstances listed above shall be limited to a total of twelve (12) work weeks in a twelve (12) month period. Return to former position or position of equal grade and pay is contingent upon compliance with the terms of family leave.

Signature of Employee _____

Date _____

Original should be submitted to the Personnel Manager who will forward your request to the Clinical Director of MH/AD Services or the Director of DD Services. **If you plan to use annual or sick leave as part of your family leave, please attach a separate sheet of paper detailing how many hours/days you will be using.** Please retain copies of all information for your records.