



**Detroit Public Schools Community District**

**Division of Human Resources**

**Office of Compensation, Benefits & EHS**

3011 W. Grand Blvd., 10<sup>th</sup> Fl. Fisher Building, Detroit, Michigan 48202

Office: (313) 576-0080

Fax: (313) 748-6119

**FAMILY MEDICAL LEAVE ACT (FMLA)/ILLNESS LEAVE OF ABSENCE REQUEST FORM**

**Original Leave Request**

**Leave Extension Request**

Employee I.D. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code/Home Phone \_\_\_\_\_ Area Code/Cell Phone \_\_\_\_\_

Personal Email \_\_\_\_\_

Position \_\_\_\_\_

School/Worksite \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Work Fax No. \_\_\_\_\_

Supervisor/Administrator's Name \_\_\_\_\_

Have you taken any leave of absence in the last 12 months? [ ] No [ ] Yes

If **yes**, type of leave (e.g., Workers Comp; FMLA; Illness Leave) \_\_\_\_\_

**FMLA REQUESTED FOR (check one):**

**Employee's serious health condition** [ ] Continuous [ ] Intermittent

**Employee's job injury/Workers Compensation**

**Serious health condition of spouse, son, daughter, or parent** [ ] Continuous [ ] Intermittent

**Birth**  **Adoption**

**Exigency for Military Family Leave**

**Serious injury or illness of covered service member**

Leave Requested: From \_\_\_\_\_ To \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_