

GARAWAY LOCAL SCHOOLS

**146 Dover Road N.W.
Sugarcreek, Ohio 44681
(330) 852-2421**

**APPLICATION FOR FAMILY/MEDICAL LEAVE
AND MATERNITY LEAVE (IF APPLICABLE)**

Name _____ Position _____

Current Address _____

Start Date of Anticipated Leave _____

Expected Date of Return to Work _____

Reason for Leave:

the birth of a child, or the placement of a child with you for adoption or foster care; or

a serious health condition that makes you unable to perform the essential functions of your job; or

because you are needed to care for your spouse child or parent due to his/her serious health condition; or

because of a qualifying exigency arising out of the fact that your spouse son or daughter or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves; or

because you are the spouse son or daughter parent or next of kin of a covered servicemember with a serious injury or illness.

other. Please explain _____

NOTE: If a leave request is based on an employee's serious health condition; a serious health condition of an employee's spouse, child or parent; a serious injury or illness of a covered servicemember; or due to a qualifying exigency, the Garaway Local School District may require a verifying medical certification from a physician as permitted by the Negotiated Agreement.

Signature _____

Date _____