

NOTICE OF EMPLOYEE LEAVE

To Supervisors: Regulations governing the The Family & Medical Leave Act of 1993 (FMLA) require employers to notify their employees of the commencement of their FMLA leave period. This notification must be sent to the employee in writing and the commencement date is dictated by the date of the notification to the employee. **Therefore, if any employee requests leave in excess of 3 days and the nature of the leave is for any of the purposes detailed below, it is necessary that this Notice of Employee Leave be completed and submitted to the District Office immediately upon the employee notification to you.**

Employee Name: _____

Position of Employee: _____

Effective Date of Leave: _____

Anticipated Date of Return: _____

Nature of Leave (Check Item That Applies):

Family Leave:

- _____ Birth of Child
- _____ Care of Child after Birth
- _____ Care of Adopted Child
- _____ Care of Foster Child

Medical Leave for Serious Health Condition:

- _____ Self
- _____ Son or Daughter
- _____ Spouse
- _____ Parent (Not Parent-In-Law)

Signature of Supervisor

Date

FORM: FMLA-N