

**Heard County School System**

Mike Roberts, Superintendent of Schools

131 East Court Square, P O Box 1330

Franklin, GA 30217

706-675-3320

Please type or print clearly in Ink.

|                     |                         |
|---------------------|-------------------------|
| Name:               | Telephone:              |
| Mailing Address:    |                         |
| School or Location: | Position (be specific): |

Federal Family and Medical Leave is available to qualifying employees for the 6 purposes identified in Section C: Amount and Type of Leave Taken of Heard County Board of Education Policy GBRIG – Federal Family and Medical Leave Act.

I am requesting Family and Medical Leave for (check appropriate response):

\_\_\_\_\_ The birth of a child and to care for the newborn child

\_\_\_\_\_ The adoption or foster placement with me of a child and to care for the newly placed child

\_\_\_\_\_ To care for my **spouse, child or parent** (circle one) due to his/her serious health condition

\_\_\_\_\_ My own serious health condition that prevents me from performing my job functions

\_\_\_\_\_ A qualifying exigency arising from the fact that my family member (the covered military member) is on active duty or has been notified of an impending deployment in support of a contingency operation

\_\_\_\_\_ To care for a covered service member with a serious injury or illness who is my **spouse, child, parent, or next of kin** (circle one)

The following information must be provided:

|                                      |                                   |
|--------------------------------------|-----------------------------------|
| Anticipated Beginning Date of Leave: | Anticipated Ending Date of Leave: |
| Signature of Employee:               | Date:                             |

Submit this form to the Heard County BOE central office, attention Human Resource Manager, at least 30 days prior to the date leave is to begin, or as soon as practicable when the need arises.