Logansport Community School Corporation

FMLA Request

Employee Payroll ID #

Name:

Address:

City/State/Zip:

Cell or home phone:

Building assignment and position:

Date of request:

What is leave is for:

Approximate date leave will begin/began:

Approximate date leave will end:

Approximate date of return to work:

Intermittent leave: Yes   No

Typed Name:

Date: