

**MERIDEN BOARD OF EDUCATION**  
**Personnel Office**  
**203-630-4209**

**REQUEST FOR FAMILY MEDICAL LEAVE (FMLA)**

Name

School/Dept

Position

Date of Request

An Explanantion of Family Medical Leave.....

Family Medical Leave is an unpaid leave of absence requested by the employee for family members or their own serious health condition. FMLA requests must be supported with documentation from the attending doctor. The time available to the employee in a rolling year period is a minimum of 3 days up to a maximum of 12 weeks. During a Family Medical Leave of Absence, your health insurance coverage remains in place (if you have your insurance through the Board of Education), but you will be responsible for paying the premium cost share directly.

**PLEASE COMPLETE THE FOLLOWING INFORMATION AND SEND TO THE PERSONNEL OFFICE ALONG WITH YOUR DOCTOR'S LETTER:**

In accordance with my doctor's letter attached, I am requesting Family Medical Leave (FMLA) from

through

-OR- the following specified days:

I have advised my supervisor and other appropriate personnel of this request.

\_\_\_\_\_  
Signature

Must be printed and signed

For further information, please contact the Personnel Office.