

Attachment I

Maternity and/or Family Medical Leave (FMLA)
Miami East Local Schools

_____ I am requesting maternity leave on the following dates (approximate)
from _____ to _____.

I am requesting FLMA leave for the following reason:

_____ the birth and first-year care of a child
_____ the adoption or foster placement of a child
_____ the serious illness of an employee's spouse, parent, or child
_____ the employee's own serious health condition that prevents him/her from
performing essential job functions
from _____ to _____.

Employee Signature _____

Date of Receipt _____

