

# PERU CENTRAL SCHOOL DISTRICT

District Office  
P.O. Box 68  
17 School Street

Cynthia R. Ford-Johnston  
Superintendent of Schools

Peru, NY 12972-0068  
(518) 643-6000 Fax: (518) 643-2043

Randolph B. Sapp  
School Business Administrator

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## Family and Medical Leave (FMLA) Request Form

1. Sign and submit all forms to Donya Rock (via regular mail, email [drock@perucsd.org](mailto:drock@perucsd.org) or fax 518-643-2043)

Before completing this form, please review the FMLA Policy at <https://www.dol.gov/whd/fmla/> for eligibility requirements.

### Employee Information (Please Print)

Name: \_\_\_\_\_ Last four of SS#: \_\_\_\_\_

DOB: \_\_\_\_\_ Primary Phone/Secondary Phone : \_\_\_\_\_

Primary Email/Secondary Email: \_\_\_\_\_

Address: \_\_\_\_\_

Job Position(s): \_\_\_\_\_ Building: \_\_\_\_\_

I hereby request FMLA leave of absence as follows (Check One):

Childbirth and Care of Child Intermittent Leave  No  Yes

Paternity Leave/Adoption/Foster Care

Employee's Health Condition Leave Starting Date: \_\_\_\_\_

Qualifying Exigency Leave Ending Date: \_\_\_\_\_

Covered Service Member Injury

Employee's Spouse, Child, or Parent Health Condition (Circle One).

Approval of FMLA Leave requires a specific explanation from a certified health care provider. Please ensure Donya Rock receives the correct version of the health care provider's certification form within 15 days of receiving the Certification of Health Care Provider Forms. You must use all available leave time before the leave can be unpaid. Sick time will be applied first.

I have reviewed PCSD FMLA Policy located at the following website address:

[https://www.perucsd.org/site/handlers/filedownload.ashx?moduleinstanceid=3922&dataid=3647&FileName=s\\_w\\_9520\\_edited.pdf](https://www.perucsd.org/site/handlers/filedownload.ashx?moduleinstanceid=3922&dataid=3647&FileName=s_w_9520_edited.pdf). The information provided accurately represents the conditions necessitating my leave.

Failure to obtain my supervisor's signature will result in the delayed processing of my request.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

I agree to follow the requirements of the FMLA.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Leave Administration Only-----

Approved  Denied

\_\_\_\_\_  
Leave Administration

\_\_\_\_\_  
Date