

MORRISVILLE SCHOOL DISTRICT

REQUEST FOR FMLA

REDUCED SCHEDULE

TO: _____

FROM: _____

RE: Notice of the Need for FMLA Leave

Date: _____

This memo is to notify you of my need for a reduced schedule under the Family and Medical Leave Act. It is medically necessary to change my schedule to _____ because of:

_____ my own serious health condition.

_____ caring for a family member (spouse, child, or parent) with a serious health condition.

It is my understanding that I am eligible for up to twelve (12) weeks of leave per year under the Family Medical Leave Act and that I will be reinstated to my job after my leave. It is also my understanding that Morrisville School District will continue my health insurance during my leave.

The Family and Medical Leave Act specifies that employers must provide specific written notice to an employee of rights and responsibilities regarding leave within a few business days of when that employee gives notice of the need for leave (29 C.F.R. 825.301). I look forward to receiving this information from you.

Please let me know immediately and in writing if you require anything further from me. I appreciate your assistance with this matter.

Reduced Schedule