

NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT

**APPLICATION FOR LEAVE
UNDER THE
FAMILY AND MEDICAL LEAVE ACT OF 1993**

I _____, hereby apply for leave under the Family and Medical Leave Act of 1993.

I am applying for (check applicable boxes)

FAMILY LEAVE FOR:

Birth of Child

Care of Child After Birth

Care of Adopted Child

Care of Foster Child

MEDICAL LEAVE FOR SERIOUS HEALTH CONDITION OF:

Self

Spouse

Son or Daughter

Parent

Beginning Date of Leave _____

Ending Date of Leave _____

If Intermittent Leave, Dates of Leave: _____

If Part-Time, Define Part-Time _____

Signature _____ Date _____