CAPE GIRARDEAU PUBLIC SCHOOLS

301 NORTH CLARK AVE ● CAPE GIRARDEAU, MO 63701 ● PHONE: 573-335-1867 ● FAX 573-335-1820

Family/Medical Leave

This form should be completed and submitted to the Office of Human Resources.

Date of Request: ______________

Employee's Name: ____

School/Department: ____

Does your spouse work for the District? _____**Yes** _____**No**

Reason for Leave:

_____ **Birth and first year care of child**

_____ **Adoption or foster placement of a child**

_____ **Your own serious health condition**

_____ **Serious health condition of spouse, child or parent**

_____ **Qualifying exigency arising out of the fact that spouse, child or parent is a covered service member on active duty (or has been notified of an impending call or order to active duty)**

_____ **To care for a covered service member with a serious injury or illness (your spouse, child, parent or next of kin of the service member)**

Beginning Date of Leave: ____________________________________

Ending Date of Leave: ______________________________________

____ _______________
Employee Signature Date

____ _______________
Supervisor Signature Date

Internal Use Only: Notification Letter to Employee ___________ Notification Letter to Supervisor __________

Form WH-381 _________ Form WH-380-E ________ Form WH-380-F _______ Form WH-382 ________

Date received __________