



Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

Family or Medical Leave
(Family and Medical Leave Act of 1993)

Name: _____

Title: _____

I need to take family/medical leave due to:

- The birth of a child, or the placement of a child for adoption or foster care; or
- A serious health condition that I need care for; or
- A serious health condition affecting my spouse, child, or parent, for which I am needed to provide care.

I need this leave beginning on _____ and expect leave to continue until _____
(date) (date)

I understand that if eligible, I have a right under the FMLA for up to 12 weeks of leave in a 12 month period for the reason noted above. I further understand that I may maintain my group insurance and health care benefits and that I will be reinstated to the same or an equivalent position with the same pay, benefits, and terms and conditions of employment on my return from leave.

Employee Signature

Date

Superintendent's Signature

Date

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