

New Hampshire School Administrative Unit #15

90 Farmer Road

Hooksett, New Hampshire 03106-2125

Telephone (603) 622-3731 Fax (603) 669-4352

Meghan Largy
*Director of Curriculum,
Assessment and Instruction*

William J. Rearick
Superintendent of Schools

Cory Izbicki
Business Administrator

NAME: _____

EMPLOYEE #: _____

HOME ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

POSITION: _____

SCHOOL: _____

Request is for:

- _____ Birth or *Adoption of a child
- _____ *Care for my spouse, son, daughter or parent with a serious health condition
- _____ Child Rearing
- _____ Military Active Duty
- _____ Sabbatical
- _____ Serious Health Condition
- _____ Other (Reason) _____

Briefly explain reason for leave request: (Submit any and all supporting documentation)

NOTE: If leave is requested for care of a family member with a serious health condition, note name of family member, age if your child, and explanation of relationship.

Date leave is to begin: _____ Return to Work Date: _____

I authorize SAU#15 to obtain any necessary information regarding my request for this leave of absence. I under that additional documentation may be required.

Employee Signature

Date

*Note: To be eligible under FMLA, you must qualify for leave under the Family and Medical Leave Act. You must have worked for SAU#15 for at least 12 months, and have worked at least 900 hours in the 12 months preceding the start of your leave.