

**APPLICATION FOR LEAVE UNDER THE FAMILY MILITARY LEAVE ACT**

Employee:	Position:
Leave Requested: I request to take a family military leave.	
Start Date:	End Date:
Spouse or Child Deployed: <i>(insert full name)</i>	
is <input type="checkbox"/> My Spouse <input type="checkbox"/> My Child <i>(Check one)</i> and has been called to military service lasting 179 days or longer with the state or United States pursuant to the orders of the <input type="checkbox"/> _____ Governor or the <input type="checkbox"/> President of the United States. The dates the deployment orders are in effect are:	
Deployment Start Date:	Deployment End Date:

**CERTIFICATION:** I certify that the above information is correct. I understand that the family military leave is unpaid. I understand that my benefits will be continued. I will be responsible for my share of health or other insurance premiums. I will on request submit certification from the proper military authority to verify eligibility for the family medical leave.

**DATED** this \_\_\_\_ day of \_\_\_\_\_, 200\_.

**SIGNED BY:** \_\_\_\_\_  
Employee

**ACTION ON FAMILY MILITARY LEAVE REQUEST**

Your leave request is:

- Granted
- Pending. Will be acted on after you submit certification from the proper military authority to verify the deployment orders.
- Denied for the reason(s) that:
  - You failed to give the required advance notice.
  - The requested leave schedule would unduly disrupt operations of the school. Please contact me to consult about alternative scheduling.
  - You are not eligible for family military leave.

Comments:
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**DATED** this \_\_\_\_ day of \_\_\_\_\_, 200\_.

**BY:** \_\_\_\_\_  
Superintendent