

**Tightwad Fire Protection District
Family and Medical Leave of Absence Request**

I request a Family and Medical Leave of Absence from the District

From Date: ____/____/____ to Date: ____/____/____

Or intermittent or reduced leave schedule as follows:

For the following:

- The birth of an employee's child on or about ____/____/____ and to care for that child following birth (attach the child's birth certificate or statutory equivalent)
- The placement of a child on or about ____/____/____ for adoption or foster care with the employee (attach placement documentation showing the date of placement)
- To provide care, when needed, for a serious health condition of the employee's immediate family (attach medical certification)
- For a serious health condition of the employee that affects the ability of the employee to perform their work duties (attach medical certification)
- Wounded military members (attach medical certification)
- Immediate family of reservists and National Guard members who are called into active duty either overseas or within the United States (attach documentation)

I acknowledge that I must have completed my initial performance trail period for my current position.

I understand that I will be notified immediately if my request has been approved or denied.

I understand that an intermittent leave or a reduced work schedule must be mutually agreed upon by me and the District Manager or Fire Chief and that I may be reassigned to an equivalent position to better accommodate recurring periods of absence or a part-time schedule.

I further understand that failure to return to work after the end of a family and medical leave of absence may result in voluntary resignation of employment.

Print Your Name

Signature: _____ Date: ____/____/____