<div align="center">

De Soto #73 School District
FMLA LEAVE REQUEST FORM
(Send to Christina Kasmarzik at the Administration Office)
Questions: 636-586-1000   Email: kasmarzik.christina@desoto.k12.mo.us

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Please print

Name:_____Date:_____

Phone Number:_____

Position:_____Bldg:_____

Home Address:_____City:_____Zip:_____

REASON REQUESTING LEAVE:_____

Approximate start date:_____ Estimated first day back to work_____

SIGNATURE:_____DATE:_____

For Office Use Only

_____ Hire date   _____ Check for previous leave   _____ Put on spreadsheet

Designated as: • FMLA   • DOES NOT QUALIFY

_____ Date Sent **Notice of Eligibility and Rights** to applicant.

_____ Date **CERTIFICATION** sent if needed. _____Date **CERT** to be **returned** by.

_____ **Certification Received.**

_____ Date FMLA leave request is approved and sent **Designation Notice.**

_____ **Work Release Needed**. _____ **Work Release Received**.

_____ DATE LEAVE STARTED.

_____ DATE RETURNED.

_____TOTAL NUMBER OF DAYS

Comments: