**Board of Education**
Chair Dr. Martha Smith
Vice Chair – Mike Benefield
Brad Davis
Kendall Robinson
James Watson

*Dr. Jerry Bell, Superintendent*

**Haralson County Schools will be recognized as a leader in improving student achievement for ALL students.**

## FMLA Request

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirements in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles.

{NOTICE OF ELIGIBILITY}

Date: _____

I, _____, am informing you that I need to begin leave on _____.

Please check one of the following reasons for request:

_____The birth of a child, or placement of a child with you for adoption or foster care;

_____Your own serious health condition;

_____Because you are need to care for your _____spouse; _____child; parent due to his/her serious health
     condition.

_____Because of a qualifying exigency arising out of the fact that your _____spouse; _____ son or daughter;
     _____parent in on covered active duty or call to covered active duty status with the Armed Forces.

_____Because you are the ____spouse; ____son or daughter; ____parent, or next of kin of a covered service
     member with serious injury or illness.

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### FOR PERSONNEL USE ONLY

This Notice is to inform you that you:

_____Are eligible for FMLA leave (See Rights and Responsibilities) Please check your email for the remainder of the
     forms that are MANDATORY.
_____Are not eligible for FMLA leave, because
          _____You have not met the FMLA's 12 month length of service requirement as of the first
                    Date of requested leave, you will have worked approximately _____ months towards
                    this requirement.
          _____You have not met the FMLA's 1,250 hours service requirements.
          _____You do not work and/or report to a site with 50 or more employees within 75-miles.

_____
**Authorized Signature (District Office)**                    **Date**