



**Board of Education**

Chair Dr. Martha Smith  
Vice Chair – Mike Benefield  
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*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.

**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