

**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: \_\_\_\_\_ *[Insert Full Name]*

is: \_\_\_My Spouse \_\_\_My Child (*Check One*) and has been called to military service lasting 179 days or longer with the state or United States pursuant to the orders of the \_\_\_Governor or the \_\_\_President of the United States. The dates the deployment orders are in effect are:

Start Date \_\_\_\_\_ 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 \_\_\_\_\_, 20\_\_\_\_.

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: \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
Superintendent