 Form GARH-1

**REQUEST FOR LEAVE UNDER THE**

**FAMILY AND MEDICAL LEAVE ACT (FMLA)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name (*Last, First, MI*): | |  | | | | | |
| Address (*Street, City, State, & Zip*): | | |  | | | | |
| Home Phone #: |  | | | Social Security #: XXX – XX – | |  | |
| Work Phone #: |  | | | Last Day Worked: |  | | |
| Position: |  | | | Date Requested Leave Begins: |  | | |
| Work Location: |  | | | Date Requested Leave Ends: |  | |  |

**(Not to exceed 12 workweeks)**

An application for Family and Medical Leave must be completed at least thirty (30) days prior to beginning of the leave, except when reasonable advance planning is not possible. **FAMILY MEDICAL LEAVE BEGINS THE FIRST DAY THE EMPLOYEE IS ABSENT FROM WORK.** Reference – **Administrative Rule GBRIG-R**.

Check the type of leave requested. Required certification must be provided or leave approval may be delayed.

Serious health condition of employee. U.S. DOL Form WH-380-E (Certification of Health Care Provider for Employee’s Serious

Health Condition) is required.

Is this condition related to a workers’ compensation claim?  Yes  No

Serious health condition of employee’s spouse, parent or child. U.S. DOL Form WH-380-F (Certification of Health Care Provider for

Family Member’s Serious Health Condition) is required. (see Administrative Rule GBRIG-R for use of accrued short-term leave for

family illness.)

Birth and first-year care of a child. U.S. DOL Form WH-380-E (Certification of Health Care Provider for Employee’s Serious Health

Condition) is required if you are seeking leave or a portion of your leave for incapacity due to pregnancy or childbirth. Please see

Administrative Rule GARH-R for requirements for the use of accrued short-term leave with respect to childbirth.

Adoption or foster care placement of a child. (see Administrative Rule GARH-R for requirements for the use of accrued short-term

leave for Maternity/Adoption Leave.)

Qualifying Exigency Leave. U.S. DOL Form WH-384 (Certification of Qualifying Exigency for Military Family Leave) is required.

Subject to the usual maximum of 12-weeks of total FMLA leave in a year.

Military Caregiver Leave. U.S. DOL Form WH-385 (Certification for Serious Injury or Illness of Covered Servicemember -- for

Military Family Leave) is required. If you are not the military service member’s spouse, son, daughter, or parent, U.S. DOL Form

WH-385-V (Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave) is required must be completed. This

leave is subject to a maximum of 26 workweeks in a single 12-month period.

Employee Signature (required) Date Principal/Supervisor Signature (required) Date

**Return this form to:**

**Benefits, Human Resources, Cobb County School District, P.O. Box 1088, Marietta, GA. 30061-1088**

**Fax # 678-594-8580**