



**ARLINGTON HEIGHTS SCHOOL DISTRICT 25**

1200 South Dunton Avenue  
Arlington Heights, Illinois 60005

**Family Medical Leave Act Request**

**To:** Tammie Benyk, Supervisor of Business Services

**From:** Name: \_\_\_\_\_ School: \_\_\_\_\_

**Date:**

**Re:** FMLA Request

I would like to request time off under the Family Medical Leave Act due to:

- Birth of child or the placement of a child with me for adoption or foster care  
Due Date: \_\_\_\_\_
- Serious health condition that makes me unable to perform essential functions of my job
- Serious health condition affecting my  spouse,  child,  parent, for which I am needed to provide care

I plan to take from \_\_\_\_\_ to \_\_\_\_\_ off of work and plan to return on \_\_\_\_\_.

I understand that any paid time will run concurrently with FMLA leave (i.e. sick, personal, vacation, etc) and any additional time would be unpaid under the Family Medical Leave Act. I understand any time off that is not medically necessary will be considered unpaid leave.

I have spoken with my supervisor to coordinate a substitute, if needed -  Yes  No

Employee's Signature

Date

**Please return this form to:**

Tammie Benyk - Business Office  
AHSD25 Administration - 1200 S. Dunton  
Arlington Heights, IL 60005  
847.758.4915/Fax 847.758.4908