

**ADAMS COUNTY/OHIO VALLEY SCHOOL DISTRICT**

141 Lloyd Road  
West Union, Ohio 45693  
TELEPHONE: 937-544-5586  
FAX: 937-544-3720

**REQUEST for FAMILY AND MEDICAL LEAVE**

EMPLOYEE NAME (Please print): \_\_\_\_\_

POSITION: \_\_\_\_\_ BUILDING: \_\_\_\_\_

I request leave Beginning (date) \_\_\_\_\_

Ending (date) \_\_\_\_\_

**REASONS FOR LEAVE (check one):**

- 1. The birth and first year care of a child.
- 2. The adoption or foster placement of a child.
- 3. The serious illness of an employee's spouse, parent, or child  
(name \_\_\_\_\_, relationship \_\_\_\_\_).
- 4. The employee's own serious health condition that prevents the employee from performing the essential functions of his/her position.

Employee's remarks: \_\_\_\_\_

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

**ADMINISTRATIVE ACTION:**

Date Received: \_\_\_\_\_  APPROVED  DISAPPROVED

Building Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Response to Employee Sent \_\_\_\_\_ Date: \_\_\_\_\_