

**SUPPORT STAFF  
FAMILY LEAVE REQUEST**

**NAME OF EMPLOYEE** \_\_\_\_\_

**BUILDING** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Article 28, Section B.2 – Serious Illness in the Immediate Family:** Not to exceed five days per year for serious illness in the immediate family. Immediate family is defined as husband, wife, mother, mother-in-law, father, father-in-law, son, son-in-law, daughter, daughter-in-law, brother, brother-in-law, sister, sister-in-law, grandmother, grandfather, grandson, granddaughter, or near relative who resides in the same household, or any person with whom the employee has made his/her home. If the employee requires more than five days, they shall be deducted from personal business leave days. Should the employee need additional days, he/she may apply to the Assistant Superintendent of Management Services to have the additional days deducted from his/her accumulated sick leave.

**DATE(S) OF ABSENCE** \_\_\_\_\_

**RELATIONSHIP OF FAMILY MEMBER** \_\_\_\_\_

**NATURE OF ILLNESS** \_\_\_\_\_

**EMPLOYEE'S SIGNATURE** \_\_\_\_\_

This form must accompany the payroll report on which the absence occurs or upon the return to work of the employee if he/she is absent beyond the reporting period.

Approved by the Joint Committee on 9/24/74.