## Grand Prairie Independent School District Request for Leave

Submit to: Human Capital Office, Attn: Karen Gonzalez karen.gonzalez@gpisd.org 2602 South Belt Line Road, Grand Prairie, Texas 75052 Office: 972-237-5369 Fax: 972-237-5318

## **EMPLOYEE INFORMATION:**

Full Name	Personal Email A	ddress	
Address	Apt #		
City	State		Zip
Home# Cell#	Campus/Dept		
Job Title/Position	Supervisor's Nai	me	
TYPE OF LEAVE: ☐ Consecutive ☐ I	ntermittent		
Absence start date Number of weeks/days	Return to work date	1	
REASON:			
□ Surgery □ Serious health condition	☐ Birth of	child	☐ Adoption/Foster Care
Surgery date Type of condition	Delivery o	date	Date(s) of Proceeding
LEAVE IS REQUESTED FOR: Self-Illin Name of family member	ess 🗆 Child	□ Spous	se 🗆 Parent
ELIGIBILITY: Have you worked for Grand Prairie ISD for at le	east one year?	□ Yes	□No
Have you worked 1,250 hours during the previous	ous 12 months?	☐ Yes	□No
Has Medical Certification been submitted to F	luman Capital?	☐ Yes	□No
Is this leave a result of an on-the-job injury?		☐ Yes	□No
CONSENT: Initial each box I understand FMLA is an unpaid leave. I understand if I usually pay a portion of the pi I must continue to pay for these premiums just I understand that I must report any changes ( supervisor/principal and Human Capital. I understand the Fitness to Return to Work form	t as I did before FM address/phone nur	LA leave. mber) to n	ny 🔲
I have read the above information and will co Employee Signature	omply with the requ	irements o	of the FMLA process.