EAST ORANGE SCHOOL DISTRICT DIVISION OF LABOR RELATIONS & EMPLOYMENT SERVICES

199 4th Avenue East Orange, New Jersey 07017

Phone (973) 266-5777

Fax (973) 266-1085

www.eastorange.k12.nj.us

Board Members

Mr. Bergson Leneus - President Ms. Terry S. Tucker -Vice President

Dr. Kristie M. Howard Mr. Cameron B. Jones, Sr.

Ms. Marjorie Perry

Ms. Joy B. Tolliver, Esq.

Mr. Jenabu C. Williams, MPA

Superintendent of Schools

Dr. Kevin R. West

Director

Marissa C. McKenzie

marissa.mckenzie@eastorange.k12.nj.us

FMLA LEAVE REQUEST FORM

Date:		_			
Employee Name:		_ Position:			
Location:		_ Date of Hire:			
Date of Birth:		Contact Number:			
Reason for leave:					
	(Ex. provide assistance, sur				
Leave Requested for (circle one):	Self	Spouse	Pare	nt	Child
Is the <u>care recipient</u> a current serv	vice member?	Yes	No		
Is the <u>care recipient</u> a veteran (for	Military Caregiver I	Leave):	Yes	No	
Date the leave will begin:					
Is the request for (circle one):	long-term leave	or inter	mittent leave)	
Has the employee been on FMLA	s?	Yes	No		
If yes, Dates/Range:	Total number of days used:			Hours:	

Return this form to Ms. Parrish in Labor Relations & Employment Services