

ATLANTA PUBLIC SCHOOLS REQUEST FOR LEAVE OF ABSENCE FOR

FAMILY AND MEDICAL LEAVE REQUEST FORM

Employee MUST provide a minimum of 30-day advance notice when the leave is foreseeable.

Last Name	First Name	Middle	Middle Employee Numb		er	
Address	City/State	Zip code				
Position Title	Email Address	Те	Telephone Number			
	mily and Medical Leave for (che	eck appropriate	respons	e):		
Adoption or I	Foster Placement of a child					
Birth of a chi	ld or care for newborn					
Relationship	ly member with a serious health of family member to employee.	7	Child	Parent	Spous	
	igency of covered service men y member who is a covered ser		rith serio	us injury or	illness	
Dates of Absence:						
	TO: work on:					
	is to certify that I have met with o			ediate super	visor	
Signature of Employ	/ee	Date				
	Please return completed r	equest form to	o:			

Absence Management at: LeaveRequests@atlanta.k12.ga.us OR FAX to: (404) 802-1302

School Clusters - South Atlanta, Carver Clusters, Midtown, Therrell, Washington, Douglass, North Atlanta, Jackson, and May Clusters

Departments - All District Offices and Operations (Facilities/Nutrition/Safety & Security/Transportation)

District Programs – BEST Academy, Coretta Scott King YWLA, Phoenix Academy, Hank Aaron New Beginnings Academy, & ACCA