

**Request to Utilize Family Medical Leave  
Centennial BOCES**

**Part I: To be completed by employee or representative**

Employee's Name: \_\_\_\_\_ Soc Sec Number \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Position: \_\_\_\_\_ FTE: \_\_\_\_\_

Date(s) Leave Requested: \_\_\_\_\_

Briefly describe the reason for leave request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date illness/injury began: \_\_\_\_\_ Expected Duration: \_\_\_\_\_

Required medical records shall be attached to this request.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_