



**Haywood County Schools**

Human Resource Office

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To Whom It May Concern:

I am requesting leave using the Family Medical Leave Act for the purpose of

\_\_\_\_\_.

I am requesting \_\_\_\_\_ weeks of the 12 weeks available for FMLA.

I will exhaust all of my available leave during the FMLA time period.

I have attached a doctor's note certifying the condition.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date