



POTOMAC CONFERENCE | Human Resources

606 Greenville Avenue, Staunton, VA 24401

Office (540) 886-0771 | Fax (540) 904-0722

<http://www.pcsda.org>

NOTICE OF INTENT-FMLA

NAME: _____ DOB: _____

PHONE/EMAIL: _____

DATE OF HIRE: _____

SUPERVISOR: _____

CONTACT INFO: _____

LOCATION: _____

I intend to be absent from my duties within the Potomac Conference from _____ to

_____ due to a health condition/issue of:

_____ Qualifying Family Member (see FMLA Guidelines)

_____ Myself

Due to: (Choose as many as apply)

_____ Childbirth _____ Post partum/bonding _____ Paternity Leave

_____ Treatments _____ Surgery/Post Op Recovery _____ Temporary Disability

_____ Other _____

Please provide details regarding above selection(s): _____

Incomplete or missing information above may delay Notice of Eligibility.

Signature of Employee

Date