



BANGOR TOWNSHIP SCHOOLS

EDISON ADMINISTRATION BUILDING • 3359 E. MIDLAND ROAD • BAY CITY, MICHIGAN 48706

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REQUEST FOR FAMILY OR MEDICAL LEAVE (FMLA)

Name: _____ Building/Position: _____

SUBJECT: REQUEST FOR FAMILY/MEDICAL LEAVE (FMLA)

I am going to be absent for three (3) or more consecutive working days and am requesting to take family/medical leave due to:

_____ The birth of a child, or placement of a child for adoption or foster care; or

_____ A serious health condition that makes me unable to perform the essential functions of the job; or

_____ A serious health condition affecting my _____ spouse, _____ child, _____ parent, for which I am needed to provide care.

To take FMLA leave, you must provide your employer with appropriate notice. If you know in advance that you will need FMLA leave (for example, if you are planning to have surgery or you are pregnant), you must give your employer at least 30 days' advance notice. If you learn of your need for leave less than 30 days in advance, you must give your employer notice as soon as you can (generally either the day you learn of the need or the next work day). When you need FMLA leave unexpectedly (for example, if a family member is injured in an accident), you MUST inform your employer as soon as you can. You must follow your employer's usual notice or call-in procedures unless you are unable to do so (for example, if you are receiving emergency medical care).

I understand that I must request this leave at least thirty (30) days in advance. I need this leave beginning on _____ and expect the leave to conclude on or about _____.

If approved, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. The District measures this period rolling backwards from the last date of leave. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave.

You will be required to exhaust all sick, personal, and vacation days during your leave. Once these days are exhausted and your leave becomes unpaid you will need to make arrangements to pay your portion of your health insurance with Kurtis Pake, Finance Director.

Return this form to Jamie Doran, Human Resources Director. You will be sent a packet that your physician needs to complete and return. Once the completed packet is received, you will then be notified if you are eligible or not eligible for leave under FMLA within 5 days.

Employee Signature

Date