



CHATTAHOOCHEE COUNTY SCHOOLS

FAMILY AND MEDICAL LEAVE REQUEST AND MILITARY FAMILY LEAVE REQUEST

Date: _____

Request for Family Medical Leave or Military Family Leave must be made, if possible, at least 30 days prior to the date the requested leave is to begin

Employee Name:		SSN:	
Title/Position:		Work Location:	
Address:			
Home Phone:		Cell Phone:	
Hire Date:		Length of Service:	
Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
If married, is your spouse also employed by Chattahoochee County Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you taken a family or medical leave in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and how many days? _____			

I request a family or medical leave or military family leave for one or more of the following reasons:

- ☐ **Because of the birth of my child and in order to care for him/her.**
(Please note that newborn must be added to your health insurance no later than 90 days from the date of birth.)
 Expected date of birth _____ Actual date of birth (if applicable) _____
 Leave to start _____ Leave to end _____ Expected return date _____
- ☐ **Because of placement of a child with me for adoption or foster care.**
(Submit certified legal record of placement when available.)
 Date of placement _____
 Leave to start _____ Leave to end _____ Expected return date _____
- ☐ **To care for my spouse, child, or parent who has a serious health condition.**
(Medical documentation form must be completed by a doctor: <https://tinyurl.com/FMLAMedicalForm>)
 Name of family member _____
 Leave to start _____ Leave to end _____ Expected return date _____
- ☐ **For a serious health condition that makes me unable to perform my job.**
(Medical documentation form must be completed by a doctor: <https://tinyurl.com/FMLAMedicalForm>)
 Leave to start _____ Leave to end _____ Expected return date _____
- ☐ **In order to care for my spouse, child, parent, or next of kin who is a service member undergoing medical treatment, recuperation or therapy, is on outpatient status or is on the temporary disabled retired list for a serious injury or illness.**
 * Submit Certification for Serious Injury or Illness of Covered Service Member for Military Family Leave (Family & Medical Leave Act) that must be completed by a doctor: <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/WH-385.pdf>
(Eligible employees are entitled to up to 26 weeks of unpaid leave during a single 12-month period.)
 Leave to start _____ Leave to end _____ Expected return date _____
- ☐ **For any "qualifying exigency" when the employee's spouse, child, or parent is on active military duty or is notified of an impending call or order to active duty in support of a "contingency operation".**
 * Submit Certification of Qualifying Exigency for Military Family Leave (Family & Medical Leave Act) that includes active duty orders: <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/WH-384.pdf>
 Leave to start _____ Leave to end _____ Expected return date _____

Short-Term Disability:

Short-Term Disability (STD) and Long-Term Disability (LTD) insurance is available for purchase by eligible employees. The employee pays 100% of the premiums.

If your sick leave will be exhausted while on FMLA please CHECK ONE below:

- ☐ I have Short Term Disability Coverage and would like to file a STD Claim. Initial Here: _____
- ☐ I do not have coverage OR do not wish to file a STD Claim. Initial Here: _____

I understand and agree to the following:

1. I have been employed with Chattahoochee County Schools for at least 12 months.
2. During the previous 12 months I have worked at least 1,250 hours.
3. I will be required to use my sick leave as part of my 12 weeks of leave.
4. **I understand that any days taken after exhausting all sick leave may result in a decrease of my annual salary which may be reflected during the school year and/or in June, July and August.**
5. After 12 weeks of leave (60 days) if I do not return to work, I must contact Chattahoochee County Schools.
6. I understand that Chattahoochee County Schools reserves the right to obtain a second or third medical opinion at our expense.
7. I understand that I must provide a Return to Work Medical Certification Form before returning to work.
8. **I understand that if I am requesting FMLA for**
 - ☐ **a serious health condition that makes me unable to perform my job**, I must have a doctor complete the medical form located at <https://tinyurl.com/FMLAMedicalForm> and turn it in with this form.
 - ☐ **to care for my spouse, child, or parent** who has a serious health condition, I must have a doctor complete the medical form located at <https://tinyurl.com/FMLAMedicalForm> and turn it in with this form.
 - ☐ **in order to care for my spouse, child, parent, or next of kin who is a service member** undergoing medical treatment, recuperation or therapy, is on outpatient status or is on the temporary disabled retired list for a serious injury or illness I must have a doctor complete the medical form located at: <https://www.dol.gov/sites/dolgov/files/WHd/legacy/files/WH-385.pdf> and turn it in with this form.
 - ☐ For any "qualifying exigency" when the **employee's spouse, child, or parent is on active military duty or is notified of an impending call or order to active duty in support of a "contingency operation"**. I must submit a Certification of Qualifying Exigency for Military Family Leave (Family & Medical Leave Act) that includes active duty orders: <https://www.dol.gov/sites/dolgov/files/WHd/legacy/files/WH-384.pdf> and turn it in with this form.



Employee Signature

Date

FOR OFFICE USE:

- ☐ **Approved** Beginning Date: _____ Ending Date: _____
- ☐ **Not Approved**

Signature of FMLA Administrator

Date Received