

CHEROKEE COUNY SCHOOL DISTRICT FAMILY AND MEDICAL LEAVE REQUEST FORM

Instructions: This form should be completed by the employee and must be returned to the Office of Human Resources within ten business days of the employee notifying the employer of the need for FMLA leave.

EMPLOYEE INFORMATION

1. Employee's Name/Telephone #: _____
2. Employee's Social Security Number: _____
3. Employee's Address: _____

4. Employee's School/Department/Position: _____
5. Preferred Method of Communication (school email, personal email or postal mail): _____

PURPOSE OF LEAVE

6. Type of Leave Requested (check all that apply)
 - a. _____ Paid vacation
 - b. _____ Paid sick time
 - c. _____ Unpaid family and medical leave
 - d. _____ Emergency leave
 - e. _____ Other type: _____
7. Purpose of Leave (check all that apply):
 - a. _____ Because of the birth of a child and to care for the newly born child
 - b. _____ Placement of a child with the employee for adoption or foster care
(Do not have to fill out Health Care Provider form)
 - c. _____ To care for an immediate family member (spouse, child or employee's parent)
with a serious health condition
 - d. _____ Because of the serious health condition which makes the employee unable to
perform the functions of the employee's job
 - e. _____ Because of a qualifying exigency arising out of the fact that my _____ spouse;
_____ son or daughter; _____ parent is on active duty or call to active duty status
in support of a contingency operation as a member of the National Guard or
Reserves.

- f. _____ Because I am the _____ spouse; _____ son or daughter; _____ parent;
next of kin of a covered service member with a serious injury or illness.
8. If the leave involves the serious health condition of the employee or immediate family member, does the employee request intermittent leave or leave on a reduced work schedule? (If answer is no, skip to question 8.)

_____ Yes

_____ No

Explain why intermittent leave or leave on a reduced work schedule is necessary, and the schedule for medical treatment:

DATES OF LEAVE AND NOTIFICATION

9. Anticipated Starting Date For Leave: _____

10. Anticipated Ending Date For Leave: _____

11. Today's Date: _____

12. Was the employer notified about the leave at an earlier date? (If answer is no, skip question 15)

_____ Yes

_____ No

13. Date of Earlier Notification: _____

14. Who was Notified: _____

15. Has 30 days advance notice of leave been given? (If answer is yes, skip question 15)

_____ Yes

_____ No

16. Explanation for delay in providing notice to Employer: _____

17. Intention to return to work at Cherokee County School District when the leave ends (select one):

a. _____ I will not be returning to work at Cherokee County School District.

b. _____ I intend to return to work at Cherokee County School District.

CERTIFICATION

17. I certify that the above information is true and correct to the best of my knowledge. I understand that any intentional misrepresentation concerning the above facts can result in termination of employment.

18. **Signature of Employee:** _____

19. **Date:** _____

I understand I am not required or allowed to perform any work duties, including sending and responding to emails, while I am out for medical leave pursuant to the Family Medical Leave Act (FMLA). I have been advised that if I work while I am on leave, I may be disciplined.

I acknowledge my employer can contact me for information regarding updates on my medical status and when/if I will be returning to work.

Employee Signature: _____

Date: _____