Chattahoochee County Board of Education
326 Broad Street
Cusseta, Georgia 31805
706-989-3775

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: ☐ Full Time ☐ Part Time			
If married, is your spouse also employed by Chattahoochee County Board of Education? ☐ Yes ☐ No			

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 attached for doctor to complete.)
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 attached for doctor to complete.)

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) (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)

Leave to start_____ Leave to end _____ Expected return date _____

Have you taken a family or medical leave in the past 12 months?

☐ Yes ☐ No If yes, when and how many days? _____

I understand and agree to the following:

1. I have been employed with Chattahoochee County Board of Education 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 Board of Education.
6. I understand that Chattahoochee County Board of Education 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.

_____ _____

Employee Signature Date

☐ Approved Beginning Date:_____ Ending Date:_____

☐ Not Approved

_____ _____

Signature of FMLA Administrator (or other title) Date Received