

Family and Medical Leave Act (FMLA) Request Form

To be completed by employee

Employee's Name	Home /Cell Phone	Date
Job Title /Position		School
<i>Reason for Leave of Absence</i> <input type="checkbox"/> Employee illness (not work related) <input type="checkbox"/> Pregnancy disability <input type="checkbox"/> Care for ill parent/spouse/child <input type="checkbox"/> Care for newborn/adopted child <input type="checkbox"/> Other (specify) _____ Date of Birth/Placement _____		
Requested leave start	Anticipated leave end	Requested intermittent work schedule

A FMLA leave of absence is leave without pay. Paid leave (using accrued sick time or vacation hours) shall be substituted for the unpaid leave in accordance with the Family Medical Leave Act Policy.

I understand that I may be required to complete a FMLA Leave Certification of Health Care Provider form and submit the form to Human Resources before my leave commences. I understand that if my leave is approved, my time away from work will be charged against my 12 week leave maximum under FMLA. Upon approval of this requested leave, I am required to utilize all paid time available to me prior to going into an unpaid leave status. In the event that I go into an unpaid status while on leave, I understand that I must contact Human Resources to make arrangements to pay the employee portion of any health and/or dental insurance premiums.

For medical leaves that require certification by a health care provider, the Certification of Health Care Provider Form is to be completed by the employee's health care provider (if for the employee's serious health condition) or by the family member's health care provider (if for the serious health condition of a spouse, parent, or child). The FMLA Certification of Health Care Provider Form must be completed in its entirety by the health care provider.

Failure to complete the Certification of Health Care Provider may delay or prevent leave approval.

I understand the Certification of Health Care Provider Form should be completed and returned to Central Office within 15 days. If I am not able to return the form within the allowed timeframe, it is my responsibility to contact Human Resources for assistance.

If the form is not received within the required time frame, my leave may be considered unauthorized.

Employee Print Name

Employee Signature