REQUEST FOR UNPAID FMLA LEAVE

(to be filed at least thirty (30) days in advance of foreseeable leave; otherwise, as soon as practicable)

Employee's Name: _____ Position: _____

Building: _____

I hereby request FMLA leave from _____ to _____ for (circle one):

A. The birth of a child and/or to care for the newborn child within one (1) year of the child's birth;

B. The placement of an adopted child or foster child with you and/or to care for the newly placed child within one (1) year of the child's arrival;

C. To care for an immediate family member (son, daughter, spouse, or parent) with a serious health condition; or

D. The employee's own serious health condition prevents him/her from performing the functions of his/her job (i.e. the health care provider determines that the employee is unable to work at all or is unable to perform any of the essential functions of the employee's position within the meaning of the Americans with Disabilities Act).

Explain the reason for your request:

_____

_____

Does employee's spouse work for the District? Yes No

Would an intermittent or reduced leave schedule meet your needs?
Yes No

If yes, specify a schedule that would meet your needs:

_____

_____

Note: A FMLA leave request based on the employee's serious health condition or the serious health condition of an immediate family member must be accompanied by Form 4430.01 F2 - Medical Certification from Health Care Provider.

I hereby authorize the Board of Education to contact my health care provider to verify the reason for my requested FMLA leave or for any other information concerning said leave. I further agree to complete a HIPAA-compliant authorization upon request by the Board of Education, its designee, or my health care provider permitting the health care provider to disclose protected health information to the Board of Education or its designee in connection with this request for FMLA leave.

I understand that a failure to return to work at the end of my FMLA leave may be treated as a resignation unless an extension of FMLA leave has been agreed upon and approved in writing by the Board of Education, or an additional unpaid leave is authorized by the Board and/or State law.

_____ _____

Employee's Signature Date

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Employee's accumulated personal leave, sick leave, and/or vacation leave: _____

Total unpaid leave, with benefits, employee entitled to: _____

Intermittent or reduced leave schedule and alternative position employee assigned to (if applicable):

_____

_____

_____

_____

29 U.S.C. 2601 et seq.

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