



Classified Request for FMLA (Family Medical Leave Act) Leave

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

In order to be eligible for FMLA leave, the employee must have been employed by the District for at least 12 months prior to the leave. During that period, the employee must have worked at least 1,250 hours.

FMLA is unpaid leave. However, compensation may be paid through sick leave accrual.

I request a Family/Medical Leave for the following reason (check one):

- A. The birth of a child and/or in order to care for such child.
B. The placement of a child for adoption or foster care.
C. In order to care for an immediate family member\* because such family member has a serious health condition. (check one):

\* Immediate family members include:
CHILD SPOUSE PARENT DOMESTIC PARTNER

(Must submit "Physician Letter")

- D. Employee's own serious health condition that makes the employee unable to perform the functions of his/her position. The definition of a "serious health condition" under FMLA is attached.

(Must submit "Physician Letter")

- Consecutive Leave
Intermittent Leave Schedule (Specify schedule): \_\_\_\_\_

Begin Date: \_\_\_\_\_ Expected duration of leave: \_\_\_\_\_

If the duration of my Family/Medical Leave (total of unpaid time) does not exceed 12 weeks, I will be returned to my same position. I understand that if my Family/Medical leave should exceed 12 weeks, I will be returned to my same or equivalent position, only if available. If my same or equivalent position is not available, I understand that I may be terminated and placed on a 39 month re-employment list.

If I participate in the District benefits, I am aware that I will be responsible for payment directly to Payroll for my out-of-pocket premium. The district will continue to contribute to the employee's health benefit allocation during this time.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Review & Signature \_\_\_\_\_ Date \_\_\_\_\_

Cc: Payroll