

ATTACHMENT IX
REQUEST FOR UNPAID FMLA LEAVE

(to be filed at least 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):

1. The birth of a child and/or to care for the newborn child within one year of the child's birth;
2. The placement of an adopted child or foster child with you and/or to care for the newly placed child within one year of the child's arrival;
3. To care for an immediate family member (son, daughter, spouse, or parent) with a serious health condition; or
4. 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? Y N

Would an intermittent or reduced leave schedule meet your needs? Y N

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 "Medical Certification from Health Care Provider."

I hereby authorize a health care provider representing the Board of Education to contact my health care provider for purposes of clarifying or authenticating my Medical Certification from Health Care Provider form.

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 sick leave: _____

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

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

