

APPLICATION FOR FMLA LEAVE

(fill out in duplicate)

Name: _____ Employee SSN: _____ Date: _____

Department: _____ Job title: _____

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) to up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons. According to the Montezuma-Cortez School District Family and Medical Leave (FMLA) policy, you are required to exhaust annual, sick, and compensatory leave before going on leave without pay for FMLA leave.

Submit this request form in duplicate to your supervisor at least 30 days before the leave is to commence, when practicable. When submission of the request 30 days in advance is not practicable, submit the request as early as is practicable.

EMPLOYEE STATEMENT:

I am requesting leave for the following reason:

for a serious health condition that makes me unable to perform my job
(Medical certification must be provided 15 days after date of application)

to care for a family member with a serious health condition of
(Medical certification must be provided 15 days after date of application)

Spouse Name: _____

Child Name: _____

Parent Name: _____

the birth of a child

Expected deliver date: _____

the placement of a child for adoption or foster care

DATE OF LEAVE REQUESTED

I request leave from _____ to _____

I request intermittent leave according to the following schedule:

I request reduced schedule leave according to the following schedule:

The total number of days of leave that I am requesting is: _____

EMPLOYEE STATEMENT:

I agree to return to work on _____. If circumstances change such that I will not be able to return to work on that date, I agree to inform my supervisor.

The district shall maintain coverage under any group health insurance plan for any employee who is granted an approved leave of absence under this policy for the duration of the leave (up to 12 weeks). The district reserves the right to seek reimbursement for this benefit in the event that an employee elects not to return to work, as allowed by law.

Supervisor's Signature

Date

Employee's Signature

Date

TO BE COMPLETED BY MANAGEMENT:

Number of months actually worked by employee: _____
(12 months of service are required to be eligible for FMLA. The 12 months need not be continuous.)

Number of hours worked in 12 months prior to start of leave requested. _____
(1,250 hours during the 12 months preceding the commencement of the leave are required for eligibility under FMLA)

Employee is eligible not eligible for leave under the FMLA.
(If the employee is eligible, provide the employee with a Specific Notice sheet regarding conditions of the leave.)

Explain below why the leave will (will not) be designated as FMLA leave. _____

Signature of Management Representative

Date