

LEAVE FORM AND EMPLOYEE APPLICATION FOR FAMILY AND MEDICAL LEAVE

Type of Leave:

- _____ Personal Leave
- _____ Jury Duty
- _____ Employee Illness
- _____ Family Illness
- _____ Long Term Leave
- _____ Professional Leave
- _____ FMLA

It is the responsibility of the EMPLOYEE to complete this application and submit it to the Superintendent, if "foreseeable", thirty (30) days prior to the commencement date of unpaid Family and Medical Leave. It is also the responsibility of the employee to have read the provisions of the Family Medical Leave policy, and to have asked the superintendent or designee for assistance regarding interpretation and application of the policy if needed.

Family Medical Leave (FMLA) is for the following reason:
(Employee Initial one category)

- _____ The birth and first year care of a newborn child;
initial
- _____ The adoption or foster placement of a child;
initial
- _____ The care for employee's spouse, son or daughter, or parent;
initial who has a serious health condition (circle appropriate member) or;
- _____ The employee's own serious health condition that makes the employee
initial unable to perform his/her job.

I am requesting FMLA leave to start on _____
(Date)
and end on _____.
(Date)

I understand that FMLA leave days are unpaid leave days unless paid pursuant to the district's paid sick leave policy, family leave policy or personal leave policy (and vacation leave for classified employees).

Employee's signature

Date of Application



FOR OFFICE USE ONLY

Date application was received: _____

Recommendations of the superintendent to the School board:

Superintendent's Signature

Approval by school Board President

DATE

DATE

A copy of this application and determination shall be forwarded to the employee. The original shall be placed in the employee's employment file.

(ADOPTION DATE: February 22, 1994)
(REVIEWED DATE: February 28, 2005)
(REVIEWED DATE: January 26, 2009)