



REQUEST FOR FMLA

Dr. Sue Townsend
Superintendent of Education

Employee must give verbal notice to make employer aware that leave is needed 30 days prior to need. If leave is not foreseeable, employee must give notice as soon as possible.

Date: _____

Employee name: _____ SSN: ____/____/____
(As name appears on social security card)

Home Address: _____
(Street) (City) (State) (ZIP)

Phone Numbers: _____ (Home) _____ (Cell)

School/Department: _____ Position: _____

Is this a work related injury? ____ Yes ____ No

Reason for leave: _____

Leave requested from: _____ through _____
(Date) (Date)

Please complete this form and return it to Carol Beeland in Human Resources at the RCSD Central Office. In general, to be eligible an employee must have worked for an employer for at least 12 months, have worked 1,250 hours in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. You will be required to furnish certain necessary information and/or medical certification as needed. Designation becomes final if and when an FMLA qualifying event is confirmed. You will be notified in writing of the results of this request. If you have questions or need further information please contact Carol Beeland at 601-825-5590, or email cbeeland@rcsd.ms.

NOTE: An employee requesting leave for the employee’s serious health condition or the serious health condition of the employee’s spouse, child or parent must submit a verifying medical certification from a physician within 15 days of request for leave.

I hereby authorize a health care provider representing Rankin County School District to contact my physician to verify the reason for my requested family and medical leave.

I understand that failure to return to work at the end of my leave period may be treated as a resignation.

Employee Signature

Principal/Supervisor Signature

Date

Date