

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 practicable.

Please Note: *The flu, common cold, earache, stomachache, COVID-19 exposure, COVID-19 symptoms, etc., are not typically an FMLA related issue, unless complications arise, and the event becomes a serious illness.*

(PLEASE PRINT)

Date: _____ School/Dept: _____ Position: _____

Employee Name: _____ SSN _____ / _____ / _____ Phone: _____
(As it appears on social security card)

Home Address: _____
(Street) (City) (St) (Zip)

Is this request due to a work-related injury? Yes _____ No _____

Is this request due to a COVID-19 positive test? Yes _____ No _____
*If yes, submit a copy of positive test results along with request.

Is this request due to a COVID-19 positive test resulting in the care of a family member? Yes _____ No _____
*If yes, submit a copy of positive test results for family member along with request.

List the details for the reason for your leave request: _____

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 for FMLA you must have worked for RCSD for at least one year and worked 1,250 hours in the previous year. You will be required to furnish certain necessary information and/or medical certification as needed. Designation becomes final 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 ext. 1057, or email cbeeland@rcsd.ms.

Note: An employee requesting leave for the employee's serious health condition or injury, 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 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