RANKIN COUNTY SCHOOL DISTRICT
REQUEST FOR FMLA

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

Please Attach Any Documents for Action Request

Date _____ School / Department _____ Position _____
TITLE AS LISTED ON CONTRACT

Employee Name _____ Nickname _____
AS NAME APPEARS ON SOCIAL SECURITY CARD

SS# _____ - _____ - _____ Date of Birth _____ Race / Gender _____ / _____

Phone 1 _____ Phone 2 _____ Email _____

Street _____ City _____ State _____ Zip _____

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

List the details for the reason for your leave request

_____

Leave requested from _____ through _____
DATE   DATE

Please Complete this form and return it to Kristi Pitts 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 Kristi Pitts at 601-825-5590 ext. 1057, or email kri521@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   Date

_____ _____
Principal/Director Signature   Date