

KETTERING CITY SCHOOL DISTRICT
580 Lincoln Park Blvd. Ste. 105
KETTERING, OHIO 45429-2584

Telephone: 937-499-1426
FAX: 937-499-1519

Family and Medical Leave Request Form

Employee Information

Name: _____ Date of Hire: _____
Address: _____ City _____ St: _____ Zip: _____
Email Address: _____ Cell Phone: _____
Position: _____ Work Phone: _____
Supervisor's Name: _____

Select the leave type(s) that apply: FMLA Military Workers Comp

Reason for FMLA Leave (check one for each section)

- Maternity, Placement for Adoption, or Foster Care. The expected date of birth, placement for adoption or foster care _____
- My own serious health condition that makes me unable to perform my job.
- Care of my family member who has a serious health condition.
Family member's name _____
Relationship of the person to the employee _____
- Qualifying Exigency Leave

**Family members include parent, son, daughter, or spouse of the employee, see family member definition under FMLA Definitions for more information.*

This requested leave will be:

- Intermittent Continuous Reduced Work Schedule

Payment During Leave (check all that apply)

- If eligible**, I elect military leave (up to 31 days per year, part time employees are adjusted to an equivalent of this)
- I have no paid leave available**; this leave will be unpaid. *If you wish to maintain benefits, please review the process for benefit premiums during paid leave.*
- *All paid leave **must be exhausted** prior to an unpaid leave status.*

Begin Date of Leave: _____

End Date of Leave: _____

Employee Certification

I understand that:

- The maximum FMLA leave allowed is 12 weeks in any 12-month period, if FMLA exhausts.
- This leave will run concurrently with all other applicable leave types (e.g. sick leave, worker's comp).
- I am eligible to continue my benefits and that, if my leave is unpaid, I will be responsible for remitting the premiums to the Treasurers office.
- I have the right, upon return from leave to be returned to my original position or an equivalent position (with equivalent pay, benefits and other terms of employment).
- If I am requesting intermittent leave or a reduced work schedule, and my absences are foreseeable in their nature, I must provide a listing of the schedule being requested.
- I must give notice 30 days in advance for a leave that is foreseeable (e.g., surgery, pregnancy/delivery) and I must give notice within 2 days of the need for leave (or as soon as practicable) when the need for leave is not foreseeable (e.g. an emergency).
- I understand that I must follow established departmental call-in procedures and inform my supervisor or his/her designated representative that I am claiming FMLA when calling in.

Signature of Employee

Date

Supervisor/Department Acknowledgement

My signature confirms my knowledge of the employee's request for leave but does not approve the employee's request for leave.

Supervisor's or Department Representative's acknowledgement (Print/Sign)

Date