

Family and Medical Leave and Sick Leave Request Form

NAME: _____ **DATE:** _____

PHONE: _____ **EIN#:** _____

MY ASSIGNMENT IS:

(POSITION)	(SITE/DEPARTMENT)

Submit this request form to the Human Resources office at least 30 days before the leave is to commence, when practicable. Provide a copy for your supervisor.

ELIGIBILITY:

Have you been working for the District for at least 12 months? YES NO

Are you a full-time teacher or administrator? YES NO

(If yes, continue to question 4. If no, answer question 3)

During the past year that you have been employed by the District, have you worked at least 1,250 hours? YES NO

(Approximately eight months of 40 hour weeks, or one year of 25 hour weeks)

Have you previous received medical or family leave? YES NO

(If yes, please provide additional information below)

DATE: From _____ to _____

PURPOSE OF LEAVE: _____

Have you taken any intermittent leave? YES NO

Have you taken time off from scheduled hours? YES NO

(If yes, please provide additional information/details)



PIEDMONT PUBLIC SCHOOLS

Family and Medical Leave and Sick Leave Request Form

NAME: _____ DATE: _____

I am requesting leave for the following reason(s):

- Personal health condition
- Serious health condition of:
 - Spouse Name: _____
 - Child Name: _____
 - Parent Name: _____
- Birth of a child. Expected delivery date: _____
- Adoption or placement of a child for foster care.
Scheduled date of adoption or placement: _____

I am requesting:

- Unpaid leave as follows.
 - Paid leave as follows.
 - Sick leave
 - Vacation
 - Personal leave
 - Other: _____
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I understand that if I am taking paid leave in conjunction with FMLA leave, any deductions from my pay for premiums for health insurance and/or other benefits will continue during the period of paid FMLA leave. I understand that if I do not take paid leave in conjunction with FMLA leave, I will be responsible for the payment of premiums for my health insurance and/or other benefits normally deducted from my paycheck, and that, if a timely payment is not made, the District may cancel my health insurance and/or benefits for which I am responsible for making premium payments.

Note: If you are taking FMLA leave for the birth of a child and wish to use accrued paid sick leave in conjunction with your FMLA leave, a maximum of six (6) weeks of paid sick leave may be used immediately following the birth of a child unless there are extenuating circumstances which are verified by furnishing medical certification.



PIEDMONT PUBLIC SCHOOLS

Family and Medical Leave and Sick Leave Request Form

NAME: _____ DATE: _____

I request leave from _____ to _____

I request intermittent leave according to the following schedule: _____

I request a reduced-schedule leave according to the following schedule:

Total number of days of leave requested: _____

I agree to return to work on _____

If circumstances change such that I will not be able to return to work on that date, I agree to inform my supervisor and the Piedmont Schools Human Resources Office by submitting a written notice of such change.

EMPLOYEE SIGNATURE

DATE