



**REQUEST FOR FAMILY MEDICAL LEAVE (FMLA)**

Name of Employee: \_\_\_\_\_

Employee’s Position: \_\_\_\_\_

Reason for Requested Leave: \_\_\_\_\_

Date of Request (30 days prior to leave): \_\_\_\_\_

Date on which you wish to commence leave: \_\_\_\_\_

Date of anticipated return to work: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Length of employment with Advantage Academy: \_\_\_\_\_

Leave days available at the beginning of the current school year:

State: \_\_\_\_\_

Local: \_\_\_\_\_

Days absent during current school year: \_\_\_\_\_

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**FAMILY MEDICAL LEAVE**

An employee is eligible for FMLA leave if the employee has worked for the charter school for at least 12 months, for 1,250 hours over the previous 12 months, and works at a location where the charter school has at least 50 employees within 75 miles of the employee’s work site. Indicate below the reason for which FMLA Leave is being requested:

- Birth of a child or to care for the newborn child
- Placement of a child with the employee for adoption or foster care
- Employee is needed to care for the employee’s spouse, son, daughter, or parent with a serious health condition
- The employee’s own serious health condition makes the employee unable to perform the functions of the employee’s job.
- Any qualifying exigency arising from the foreign deployment of the employee’s spouse, son, daughter, or parent with the Armed Forces, or
- To care for a covered service member with a serious injury or illness if the employee is the service member’s spouse, child, parent, or next of kin.

**Note:** A leave based on the employee’s health condition or an immediate relative health condition must be accompanied by a verifying medical certification from a physician.



# ADVANTAGE ACADEMY

Building Champions with a Future and a Hope

I have read and understand Advantage Academy's Policies and Procedures regarding Family Medical Leave of Absence. I understand that this leave must be taken concurrently with any other leave to which I am entitled under Board policy. I understand that I must make arrangement with Advantage Academy's Business Office to pay for my share of the Health Insurance benefits. I also understand that as long as I qualify for FMLA, Advantage Academy will continue to pay my health insurance benefits at the same level and under the same conditions that coverage would have been provided if had continued in my job.

\_\_\_ Your requested leave is **Approved**

\_\_\_ Your requested leave is **Not Approved** for the following reason(s):

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's/HR Signature

\_\_\_\_\_  
Date