



MAYPEARL INDEPENDENT SCHOOL DISTRICT

Family and Medical Leave Request Form

Employee:
(First Name, Middle Initial, Last Name)

Social Security #

Employee's Position and Location:

Reason for requested leave:

- Birth of a child, or placement of a child with you for adoption or foster care
- Your own serious health condition
- Because you are needed to care for your ___ spouse; ___ child; ___ parent due to his/her serious health condition
- Because of a qualifying exigency arising out of the fact that your ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves
- Because you are the ___ spouse; ___ son or daughter; ___ parent next of kin of a covered service member with a serious injury or illness

Date leave is to commence: _____ Date of anticipated return to work: _____

Are you requesting leave on a full-time or intermittent basis?

- Full-time
- Intermittent (Please attach a schedule of when you will be unavailable for work.)

In order to determine whether your absence qualifies as FMLA leave Medical Certification will be required within 15 days or as soon as practicable.

I hereby agree that while I am on leave I will continue to pay my share of elected insurance payments. I also agree I will reimburse the District for their cost of health benefits (if applicable) provided during my leave if I fail to return to work for reason other than the continuation, recurrence, or onset of a serious health condition which would entitle me to FMLA leave; the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle me to FMLA leave; or other circumstances beyond my control.

Signature

Date

Notice of Employee Rights and Responsibilities attached