



Employee Request for Family Medical Leave

PART I: Employee.

Employee Name (print clearly): _____ Contact #: _____

School/Department: _____ Job Title: _____ Supervisor: _____

PART II: Eligibility.

The reason for this FMLA leave request is (select the most appropriate choice):

- Birth of a son or daughter and to care for the newborn child.
- Placement with the employee of a son or daughter for adoption or foster care.
- To care for the employee's _____ spouse, _____ son, _____ daughter or _____ parent with a serious health condition. **Provide Name:** _____
- A serious health condition that makes the employee unable to perform the functions of the employee's job.
- A qualifying exigency arising out of the fact that the employee's spouse, son, daughter or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active duty status).
- To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent or next of kin of the covered service member.

Time off work is expected to be (select the most appropriate choice):

- For a continuous block of time (several continuous days, weeks or months off work).
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).
- On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments).

Expected Start Date (required) _____ Estimated Return Date (required): _____

If intermittent or reduced-leave is being requested, please explain why it is needed and the proposed leave schedule:

Have you previously taken FMLA leave with the CCSD? Yes No If yes, when? _____

Additional information about employee FMLA rights and responsibilities will be provided to you in writing within five business days (absent extenuating circumstances beyond our control) after receipt of this notice (unless already provided).

Determination of eligibility for leave under the FMLA, and/or additional documentation or clarification of documentation, may be required prior to making a final FMLA determination to approve or deny an FMLA leave request. Please contact Human Resources Management with any questions.

I certify that I have read and understand the FMLA policy provided on the CCSD's website. I will provide any additional information needed in order to support my request for Family Medical Leave. Please note: All supporting medical documents should be submitted to Human Resources ONLY for review and approval.

Employee Signature: _____ Date: _____

PART III: Employer.

Supervisor Acknowledgement of Receipt:

Supervisor's Signature: _____ Date: _____

Comments: _____

Office of Human Resources Acknowledgement of Receipt:

HR Clerk's Signature: _____ Date: _____

Comments: _____

Superintendent Acknowledgement of Receipt:

Superintendent's Signature: _____ Date: _____

Comments: _____

Part IV: Responsibility.

Employee Responsibilities

- Employees are required to submit a formal request for leave of absence to the principal/supervisor at least 30 days of the beginning date when the leave is foreseeable. If you are not able to submit your request within 30 days, you are required to submit the request as soon as practical and you must contact your principal/supervisor.
- Unforeseeable leave. You or a designee should contact your principal/supervisor or the Office of Human Resources immediately.
- Submit supporting documents within 15 calendar days.
- A Fitness for Duty form is required before you can resume work duties.
- Claiborne County School District may delay the leave 30 days if the request is not received in a timely manner.

Principal/Supervisor Responsibilities

- Collect, sign and submit the employee request for Family Medical Leave form to the Office of Human Resources.
- Contact the Office of Human Resources immediately if an employee misses more than three consecutive days (72 hours) of work due to a major medical condition affecting the employee, spouse, child or parent.
- Ensure HIPPA laws are followed when collecting and maintaining data within your department/unit.
- Maintain a copy of the request for your records and auditing purposes.
- Submit all supporting documents, if received, to the Office of Human Resources immediately.

Human Resources/Superintendent's Responsibilities

- Sign the FML request, collect documents, and make a determination of eligibility on behalf of the School District and obtain Superintendent's approval.
- Forward an employer response to the employee at least five (5) days (absent extenuating circumstances beyond control) after the request for FML is received by the Office of Human Resources.
- Maintain FML documents and requests for record keeping and auditing purposes.

Privacy Law

- The Claiborne County School District will uphold the HIPPA Privacy Laws; however, any information received may be shared between the supervisor, the Superintendent and Office of Human Resources.