



NON-FML MEDICAL LEAVE REQUEST FORM

I request to be placed on NON-FML medical leave of absence. Due to FMLA requirements, I am currently not eligible based on one or both of the conditions listed below:

- I have not met the one-year employment requirement; and
- I have not worked 1250 hours over the previous 12 months; or
- I have exhausted all of my FML hours for the year.

Name: _____ Department/School: _____

Phone: _____ Home: _____ Email: _____

Requested Leave Begin Date: _____ Requested Leave End Date: _____

REASON FOR LEAVE OF ABSENCE: (Maximum time allowed for non-FML medical leave is 12 weeks in a calendar year)

Employee Medical Condition: A medical leave of absence for a serious health condition that makes me unable to work. (Please attach a completed non-FML medical leave certification)

I am requesting leave for:

- Illness/Injury
- Pregnancy

I understand that I must first use all of my eligible accrued leave time at the beginning of my leave of absence as a part of my leave of absence. I understand that if I do not return to work after the leave, Clabourne County School District may recover payments for health insurance made by the School District during my leave of absence. I understand that failure to return to work on the date stated above as the leave end date or that misrepresentation of facts on this form will jeopardize my reinstatement in the School District.

Employee Signature: _____ Date: ____/____/____

Supervisor/Human Resources Acknowledgement of Request:

Supervisor Signature: _____ Date: ____/____/____

Human Resources Representative: _____ Date: ____/____/____

Superintendent's Approval:

Superintendent's Signature: _____ Approved: Yes No

Please send all correspondences to: Human Resources, 404 Market Street, Port Gibson, MS 39150