



# Godley Independent School District

**Congratulations!** With the impending birth or adoption of your child, there are a few job-related items that need your attention before you can take leave to enjoy this wonderful new addition to your family.

The forms in this packet must be completed and returned to HR/Payroll at the Administration office by the dates designated on each form.

Forms To Be Returned	Date Sent
1) <b>Request for FMLA For Maternity/Adoption form</b> , to Jenny Sarmiento The employee will indicate the date the leave is estimated to begin and the approximate length of leave they are requesting.	
2) The form <b>Certification for Employee's Health</b> will need to be filled by your physician and returned to Jenny Sarmiento within 15 (fifteen) calendar days. You can find this on the website under Departments-Human Resources-Family Medical Leave Act-FMLA Forms	
3) Within fifteen (15) days after childbirth, return to Jenny Sarmiento the <b>Return to work /Payroll Options Form</b> . The employee will indicate the Exact date of birth and return to work and pick the payroll option best Suited for the employee. <b>IF not</b> filled out PR will make the choice.	



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## Request for FMLA/Maternity Leave

Request for Family Medical Leave(FMLA)/Maternity should be made at least **30 days prior** to the date the request leave is to begin. Any leave approved will require the use of all applicable sick or personal leave.(vacation if applicable)

**Complete this form;** obtain the signature of your principal/supervisor and submit entire form to the Leave Specialist at [jsarmiento@godleyisd.net](mailto:jsarmiento@godleyisd.net) or by fax 817.592.4281

**Employee Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

I am requesting FML/Maternity Leave for the estimated days:

**Date estimated to start:** \_\_\_\_\_

**Estimated date to return:** \_\_\_\_\_

Have you worked for the school district for at least 1 year ? \_\_\_\_\_

Are you currently covered under TRSActivecare through Godley ISD? \_\_\_\_\_

*If yes, the premium payment will be deducted from your payroll check as usual. If your wages become insufficient to cover the premium, you must submit a personal check to GISD.*

### **I understand and agree to the following provisions:**

- \* I have worked for my employer at least one year and at least 1,250 hrs in the previous months
- \* All days not covered by leave and/or vacation will be unpaid
- \* After 12 weeks of leave, if I am unable to return to work, I must contact my principal/supervisor and HR/Payroll. If I do not return to work after the leave, Godley ISD will recover the cost of any benefits incurred during the time of the leave. If the requested leave is due to my own serious health condition, I must submit another medical certification of my ability to resume work.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal/Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Leave Specialist Signature**

\_\_\_\_\_  
**Date**



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## Return to Work Date / Payroll Option Form

*Please complete this form at least 15 days after child birth/adoption*

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Campus: \_\_\_\_\_ Principal/Supervisor: \_\_\_\_\_

My baby was born: \_\_\_\_\_

Return to work date: \_\_\_\_\_

### Payroll:

Months

<u>Deduct Paycheck out:</u>	_____	One paycheck (if possible)	_____
	_____	Two paychecks (if possible)	_____
	_____	Three paychecks (if possible)	_____
	_____	Four paychecks (if possible)	_____

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR/Payroll Signature

\_\_\_\_\_  
Date