



# TOOELE COUNTY SCHOOL DISTRICT

92 South Lodestone. Tooele. Utah. 84074. 435-833-1900. FAX 435-833-1912

## Application for Family or Medical Leave

Employee Name:

Address:

School/Location/Department:

FMLA Start Date:

Expected Date to Return to Work:

Reason for Leave (explain):

**NOTE:**

*A leave requested based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician.*

*I hereby authorize my employer, the Tooele County School District, to contact my Physician to verify the reason for my requested leave or any other information concerning my requested family and medical leave.*

Physician name:

Telephone:

I understand that failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by my employer. If I am able to elect not to return to work, I will be required to reimburse health plan payments made by the Tooele County School District.

Employee's Signature:

Date:

This section is to be completed by the School/Location/Department.

Supervisor Approval:

Date:

HR Director Approval:

Date: