



O'FALLON TOWNSHIP HIGH SCHOOL

DISTRICT NO. 203

ELEVATING EVERY STUDENT



Smiley Campus
600 South Smiley St.
O'Fallon, IL 62269

Milburn Campus
650 Milburn School Rd.
O'Fallon, IL 62269

Dr. Beth Shackelford
Superintendent

Dan Howe
Principal

Smiley Campus
(618) 632-3507
(618) 206-2468 Fax

Milburn Campus
(618) 622-9647
(618) 622-9630 Fax

APPLICATION FOR FMLA LEAVE

Employee Name: _____ Date of Hire: _____

Dept: _____ Position: _____

Any Prior Requests for FMLA Leave: ☐ Yes ☐ No If so, when: _____

Length of FMLA Leave Requested: _____ (maximum of 12 weeks)

Date FMLA Leave Will Begin: _____ Expected Date of Return: _____

I am requesting FMLA Leave for the following qualifying event:

- ☐ The birth and first-year care of a son or daughter
- ☐ The adoption or foster placement of a son or daughter
- ☐ The serious health condition of an employee's spouse, child, or parent (Requires Form WH-380-F)
- ☐ The employee's own serious health condition (Requires Form WH-380-E)
- ☐ The existence of a qualifying exigency arising out of the fact that the employee's spouse, child, or parent is a covered military member on active duty
- ☐ To care for the employee's spouse, child, parent, or next of kin who is a covered servicemember with a serious injury or illness

Description of Qualifying Event: _____

A medical certification from a physician should be submitted on the "FMLA Certification of Health Care Provider" form WH-380-E (employee's own health condition) or WH-380-F (employee's spouse, child, or parent's health condition) with this application which confirms and sets forth the nature of the serious health condition if this is a qualifying event.

For eligibility requirements see O'Fallon Township High School District 203 School Board Policy § 5:185.

If you are a "key employee" as described in Section 825.217 of the FMLA regulations (a salaried employee paid among the highest 10% of all School District employees), you should consult the Superintendent before proceeding with this application.

I understand that I will be required to take paid leave, sick or vacation leave, before becoming eligible to receive unpaid leave. I certify that the information which I have provided is accurate and truthful to the best of my knowledge. **Employee's Initials:** _____

Employee Signature: _____ Date: _____

Submit this application to your Department Head.

Signature of Person Receiving this Application: _____

Title: _____ Date: _____

Cc: Superintendent/Human Resources