TOOELE COUNTY SCHOOL DISTRICT

Dr. Mark Ernst, Superintendent
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. (DOL Form WH380-E).

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 to be completed by the School/Location/Department

Supervisor Approval: Date:

HR Director Approval: Date: