

MAYPEARL INDEPENDENT SCHOOL DISTRICT

“A Superior Learning Community”

Request for Family and Medical Leave

Employee: _____ Social Security # _____ Employee’s Position and Location: _____
(First Name, Middle Initial, Last Name)

Reason for requested leave:

- Birth of a child, or placement of a child with you for adoption or foster care
 - Your own serious health condition
 - Because you are needed to care for your ___ spouse; ___ child; ___ parent due to his/her serious health condition
 - Because of a qualifying exigency arising out of the fact that your ___ spouse; ___ son or daughter; ___ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves
 - Because you are the ___ spouse; ___ son or daughter; ___ parent next of kin of a covered service member with a serious injury or illness
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Date leave is to commence: _____ Date of anticipated return to work: _____

Are you requesting leave on a full-time or intermittent basis?

- Full-time
 - Intermittent (Please attach a schedule of when you will be unavailable for work.)
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In order to determine whether your absence qualifies as FMLA leave Medical Certification will be required within 15 days or as soon as practicable.

I hereby agree that while I am on leave I will continue to pay my share of elected insurance payments. I also agree I will reimburse the District for their cost of health benefits (if applicable) provided during my leave if I fail to return to work for reason other than the continuation, recurrence, or onset of a serious health condition which would entitle me to FMLA leave; the continuation, recurrence, or onset of a covered service member’s serious injury or illness which would entitle me to FMLA leave; or other circumstances beyond my control.

Signature _____
Date

Notice of Employee Rights and Responsibilities attached
