Application for Leave Under FMLA

Employee Name: Date:

Position: Subject:

Supervisor/Manager: Building:

Estimated Leave Dates: Estimated Return Date:

Revised Leave Dates: Revised Return Date:

Have you taken FMLA leave within the past twelve (12) months?

Reasons for leave:

* The birth of a child and to bond with the newborn child within one year of birth
* The placement with the employee of a child for adoption or foster care and to bond with the newly placed child within one year of placement
* To care for the employee’s spouse, son, daughter, or parent who has a serious health condition
* A serious health condition that makes the employee “unable to perform the functions” of his or her job
* Any qualifying exigency arising out of the fact that the employee’s spouse, son, daughter, or parent is a military member on covered active duty.
* To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the service member (military caregiver leave).

Will this leave be taken on an intermittent basis (non-continuous time)?

If yes, what is the expected frequency of your absences?

I understand that, if applicable, my FMLA leave will run concurrently with my accrued sick, personal and vacation days. FMLA absences not covered by sick, personal or vacation days will be unpaid. If the leave involves eleven (11) or more unpaid days, contract payments will be discontinued until the payroll following my return to work. If the leave involves ten (10) or fewer unpaid days, such absences will be deducted at my daily rate from my contract balance and pro-rated payments will continue through the term of my contract.

I further understand that District 308 will continue my insurance during my FMLA leave. My continuation of benefits is contingent upon paying the employee contributions, either through payroll deduction or direct payment to District 308. The district’s obligation to maintain my insurance coverage will cease if my premium payment is more than thirty (30) days late.

Employee Signature: Date: