

ITHACA CITY SCHOOL DISTRICT

Family Medical Leave Act (FMLA) Request Form

Employee Name: \_\_\_\_\_
Please Print

Job Title/Dept.: \_\_\_\_\_

Pursuant to federal law, the Family and Medical Leave ACT (FMLA), eligible employees have a right to up to twelve (12) weeks of leave in a twelve-month period for the reasons listed in the next paragraph. Your health benefits must be maintained during any period of paid or unpaid leave under the same conditions as if you continued to work, and, you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave.

FMLA leave is granted for the following reasons: (1) The birth of a child; (2) the placement of a child with you for adoption or foster care up to twelve months after the birth or adoption; (3) To care for your spouse, son or daughter, or parent/guardian, who has a serious health condition; (4) For a serious health condition that disables you from performing your job functions; (5) a spouse, son, daughter or parent has been called for active duty; or (6) a spouse, son, daughter, parent or next of kin to a covered service member who is recovering from a serious illness or injury (up to 26 weeks).

In order to be eligible for FMLA you must have twelve (12) months of cumulative service with the Ithaca City School District, you have worked at least 1,250 hours during the previous twelve (12) months, AND you have not taken a Family Medical Leave during the past twelve (12) months.

Under FMLA and Ithaca City School District Board Policy, an employee will be required to substitute accrued paid vacation or personal business leave for purposes of a Family Leave and will be required to substitute accrued vacation, personal, family or personal sick leave for purposes of a Medical Leave. When an employee has used accrued paid leave for a portion of family or medical leave, the employee will be entitled to an additional period of unpaid leave which taken together with paid leave time does not exceed 12 weeks. Paid leave will be charged in the following order: sick, personal and then accrued vacation. Paid sick leave counts toward annual FMLA leave entitlement

If you are requesting a leave for a serious health condition, you may be required to furnish medical documentation. If required, you must furnish certification within 15 days of this letter, or commencement of your leave may be delayed until the certification is submitted.

I am requesting an FMLA Leave for the following reason:

- checkbox The birth of a child, or the placement of a child with you for adoption or foster care up to twelve months after the birth or adoption
checkbox \*To care for your spouse, son or daughter, or parent/guardian, who has a serious health condition;
checkbox \*For a serious health condition that disables you from performing your job functions;
checkbox When a family member (as described above) has been called for active duty; or
checkbox \*When a family member (as described above) of service member is recovering from a serious illness or injury.

\* Please identify the serious medical condition medical condition and describe why you need to request this leave
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

If granted, this FMLA leave would begin \_\_\_\_\_ and will continue to \_\_\_\_\_.
leave begin date leave end date

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_