

SHAWNEE SCHOOLS: DISTRICT FORM
Family and Medical Leave and Sick Leave Request Form

Employee: _____ Date: _____

Department/School Position: _____

Site: _____ Telephone #: _____

Submit this request form to the Human Resources office at least 30 days before the leave is to commence, when practicable. Provide a copy for your supervisor.

ELIGIBILITY

1. Have you been working for the District for at least 12 months? Yes No

2. Are you a full-time teacher or administrator? Yes No
(If "yes" continue to Question 4. If "no" answer Question 3.)

3. During the past year that you have been employed by the District, have you worked at least 1,250 hours (approximately eight months of 40 hour weeks or one year of 25 hour weeks?) Yes No

4. Have you previously received medical or family leave? Yes No
If yes, provide information below:

Dates of leave: From _____ to _____

Purpose of leave: _____

5. Have you taken any intermittent leave? Yes No

6. Have you taken time off from scheduled hours? Yes No
(If "yes", provide details: _____

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REQUESTING LEAVE:

I am requesting leave for the following reason:

- Personal serious health condition
- Serious health condition of

Spouse Name _____

Child Name _____

Parent Name _____

Birth of a child. Expected delivery date is _____

Adoption or placement of a child for foster care. Scheduled date of adoption or placement is _____

I am requesting unpaid paid leave as follows:

- Sick leave
- Vacation
- Personal leave
- Other _____

I understand that if I am taking paid leave in conjunction with FMLA leave, any deductions from my pay for premiums for health insurance and/or other benefits will continue during the period of paid FMLA leave. I understand that if I do not take paid leave in conjunction with FMLA leave, I will be responsible for the payment of premiums for my health insurance and/or other benefits normally deducted from my paycheck, and that, if a timely payment is not made, the District may cancel my health insurance and/or benefits for which I am responsible for making premium payments.

Note: If you are taking FMLA leave for the birth of a child and wish to use accrued paid sick leave in conjunction with your FMLA leave, a maximum of six (6) weeks of paid sick leave may be used *immediately* following the birth of a child unless there are extenuating circumstances which are verified by furnishing medical certification.

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Dates of Leave Requested:

I request leave from _____ to _____

I request intermittent leave according to the following schedule:

I request a reduced-schedule leave according to the following schedule:

The total number of days of leave that I request is: _____

I agree to return to work on _____

If circumstances change such that I will not be able to return to work on that date, I agree to inform my supervisor and the Human Resources office by submitting a written notice of such change.

Signature: _____

Date: _____