

FAMILY AND MEDICAL LEAVE REQUEST FORM
CONECUH COUNTY BOARD OF EDUCATION
Evergreen, Alabama

Employee Name: _____ Employee No.: _____

School/Worksite: _____

Subject: Family and Medical Leave

ELIGIBILITY: To be eligible for Family and Medical Leave an employee must have been employed with the Board for at least 12 months and have worked for at least 1,250 hours during the past 12 months.

REASONS: Family and Medical Leave may be requested only for the following reasons, a) Birth of a child, b) Adoption or placement of a child, c) Care of a sick spouse, child, or parent, and d) Serious health condition of an employee.

I hereby request Family and Medical Leave from my official duties due to the following reason:

- () Birth of a child () Adoption of a child
() Placement of foster child () Care of a sick spouse
() Serious personal health condition () Care of a sick child
() Care of a sick parent

The expected date on which I would like to begin such leave is _____
month day year

The date on which I expect to resume my regular duties is _____
month day year

Use of accrued leave days

CONDITIONS: For the birth of a child, care of a sick spouse, child, or parent, or serious health condition of the employee an employee may use accrued sick leave, personal leave, or vacation days as a part of FMLA leave. For the adoption of a child or placement of a foster child an employee may use accrued personal leave or vacation leave as a part of FMLA leave.

I would like to use the following accumulated leave as a part of my approved Family and Medical Leave:

- () Sick leave -- Number of days to be used _____
() Personal leave -- Number of days to be used _____
() Vacation days -- Number of days to be used _____

NOTE: Use of accrued leave days must be approved in advance of beginning Family and Medical Leave.

Section III: Attending Physician's Statement (Required)

Note: A statement from the attending physician attesting to the need for the employee requesting catastrophic leave to be placed on extended leave.

Name of Physician _____

Business Address _____

Business Address _____

Business Phone Number _____

Physician's Statement (may be attached or written) _____

Based on my professional opinion, I estimate that the person whose name is shown in Section I above will need to be away from his/her employment for _____ days, weeks (circle one) beginning on _____ (date).

Physician's Signature

Date

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I have read the Family and Medical Leave policy, and I am making this request being fully cognizant of its terms and conditions.

Signature: _____ Date: _____
Employee

Approved: _____ Date: _____
Superintendent/Board