

**WORCESTER COUNTY PUBLIC SCHOOLS
FAMILY AND MEDICAL LEAVE ACT REQUEST FORM**

Name: _____ Date: _____

Social Security Number: _____ Position: _____

School: _____

Total Number of Paid Leave Days Available: _____ Number of FML Days Requested: _____

Date FML to Begin: _____ Date to Return to Work: _____

I am requesting the use of Family and Medical Leave for the following reason: (please check one)

_____ a. Birth of a child or placement for adoption or foster care

_____ b. Care of a sick child, parent, or spouse

_____ c. Recovery from personal illness

If "b," please check one: Parent Spouse Child Name: _____

Are you requesting FML on a reduced or intermittent leave schedule? Yes No

If "yes," please attach a schedule of when you anticipate you will be unavailable for work.

Employees who are seeking leave because of birth of a child or "b" or "c" above, must complete the enclosed *Certification of Physician or Practitioner* form and return within 15 days, or as soon as practical.

I understand that failure to provide medical certification will result in a denial of FML until such certification is provided. I also understand that I am eligible to take unpaid leave or earned paid leave, as appropriate, for up to 12 weeks in a 12-month period. I have read and understand all material on FML sent with this form. I am also aware that I am responsible for my normal contributions for health benefits programs while on FML and that failure to provide said contributions may result in termination of those benefits for the period of unpaid FML. Further, I understand that failure to return to employment at the conclusion of FML, unless I am unable to return to work due to a serious health condition or other circumstance beyond my control, will result in my being required to reimburse the Worcester County Board of Education for all premiums paid by the Board to maintain my fringe benefits while on unpaid FML.

Signature of Eligible Employee

Date

For Office Use Only

Instructions for Payroll:

Approved: _____
Supervisor of Human Resources

Date: _____