Lakeland School District
Family and Medical Leave Act (FMLA) Request Form

To be completed by employee

Employee's Name	School/Department	Phone Number

Job Title	Employee ID

☐ Initial Application Home Phone #:

Reason for Leave of Absence

☐ Own illness (not work related)
☐ Care for ill parent/spouse/child
☐ Other (specify)
☐ Pregnancy disability
☐ Care for newborn/adopted child

_____
(Date of Birth/Placement)

Answer all:	Yes	No
Do you have company medical insurance?	☐	☐
Do you have company dental insurance?	☐	☐
Do you have company vision insurance?	☐	☐

	Yes	No
Are you currently on another leave?	☐	☐
Have you or will you be filling a Disability insurance claim?	☐	☐

Requested start date:	Anticipated end date:	Requested intermittent or reduced work schedule (if applicable):

An FMLA leave of absence is a leave without pay. Paid leave (using accrued sick, personal, or vacation days) shall be substituted for the unpaid leave in accordance with Board Policy 335.

I understand that I am required to use accrued paid time off until my leave concludes or accrued balance is depleted.

Employee's Signature	*Date*

I understand that I am required to complete a FMLA Leave Certification of Health Care Provider form and submit the form to the District Office before my leave commences. I understand that if my leave is approved, my time away from work will be charged against my 12 week leave maximum under FMLA. Upon approval of this requested leave, I am required to utilize all paid time available to me prior to going into an unpaid leave status.

I understand that the Certification of Health Care Provider form should be returned to the District Office within 15 days. If I am not able to return the form within the allowed timeframe, I will contact the District Office for assistance.

If this information is not received in the required timeframe, my leave will be considered unauthorized.

Printed Name	Employee Signature	Date

For Office Use Only

Date Request Received:	
	Unused sick days
	Unused personal days
	Unused vacation days

Copy to Payroll