



## Mundelein Elementary School District 75 Request for Family or Medical Leave

Employee Name: \_\_\_\_\_

School: \_\_\_\_\_

Current Address: \_\_\_\_\_

Hire Date: \_\_\_\_\_

### Type of Leave Requested

(check one box)

- Employee Medical Leave of Absence
- Extension of Employee Medical Leave of Absence  
Dates of prior approved Medical Leave: \_\_\_\_\_ To \_\_\_\_\_
- Family Member Medical Leave of Absence
- Extension of Family Member Medical Leave of Absence  
Dates of prior approved Medical Leave: \_\_\_\_\_ To \_\_\_\_\_
- Leave to care for newborn or adopted child/child placed for adoption\*

The Leave (or extension) is to begin on \_\_\_\_\_ and end on \_\_\_\_\_ .

If the request is for an intermittent leave, the dates and/or times of the leave are as follows:

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**NOTE:** A leave or extension of leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent must be accompanied by a verifying medical certification from a physician.

\*\* Failure to provide this certification when requested may result in either delay of the requested leave. In addition, failure to provide the requested certification within 15 days of the request may result in a termination of employment.

Failure to return to work at the end of an approved leave period will be treated as a resignation unless an extension to the leave has been agreed upon and approved in writing by Mundelein School District 75.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Title: \_\_\_\_\_

\*If both parents of the newborn or adopted child are employed by District 75, the total family leave time available for care of the child is 12 weeks in any 12 month period for both parents combined.

\*\* See attached list of Certification Requirements.



## **Mundelein Elementary School District 75 Leave Certification Requirements**

### **To request leave for care of a child, parent or spouse with a serious health condition**

Certification must include the following:

1. The date the condition commenced
2. The probable duration of the condition
3. The appropriate medical facts regarding:
  - Regimen of treatment (number of visits, general nature of treatment)
  - Name and type of health care provider to be providing the prescribed treatments
4. An estimate of the time needed to care for the individual involved
5. Statement that the condition warrants the employee's participation to provide care.

### **To request leave for the care of an employee's personal serious health condition**

Certification must include the following:

1. The date the condition commenced
2. The probable duration of the condition
3. The appropriate medical facts regarding
  - Regimen of treatment (number of visits, general nature of treatment)
  - Name and type of health care provider to be providing the prescribed treatments
4. Statement that the employee is unable to perform the functions of the employee's position due to the serious health condition.

### **Additional certification requirements for intermittent leave or for leave on a reduced leave schedule**

1. Leave for the employee
  - A statement of medical necessity for intermittent leave or reduced leave schedule and the expected duration of the schedule
  - A listing of the date of planned medical treatment and the duration of the treatment
2. Leave to care for son, daughter, spouse, parent
  - A statement of medical necessity for intermittent leave or reduced leave schedule for the employee to provide care or assist in the family member's recovery
  - An estimate of the expected duration and schedule of the intermittent or reduced leave schedule.