



# MONTOUR

## SCHOOL DISTRICT

www.montourschools.com

### Medical Leave Request Form

EMPLOYEE'S NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

BUILDING: \_\_\_\_\_

**FAMILY MEDICAL LEAVE ACT (FMLA) \*\***

*Employees are eligible for Family Medical Leave if they have worked for the district for at least one year, for 1,250 hours over the previous 12 months. You have a right under the Family Medical Leave Act for up to 12 weeks of unpaid leave in a 12-month period for the reasons below. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work and you must be reinstated to the same or an equivalent job with the same pay, benefits and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than (1) the continuation, recurrence, or onset of a serious health condition of the employee or family member or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.*

**\*\*FAMILY AND MEDICAL LEAVE IS REQUESTED FOR ONE OF THE FOLLOWING REASONS –**

- \_\_\_\_\_ *To care for the employee's child after birth or placement for adoption or foster care*  
*or*
- \_\_\_\_\_ *To care for the employee's spouse, son or daughter or parent who has a serious health condition*  
*or*
- \_\_\_\_\_ *For a serious health condition that makes the employee unable to perform the employee's job.*

**DATES OF THE REQUESTED LEAVE:**

**BEGIN ON:** \_\_\_\_\_ **and** **END DATE:** \_\_\_\_\_  
**TOTAL NUMBER OF DAYS REQUESTED LEAVE** \_\_\_\_\_

**IF APPLICABLE, DO YOU WISH TO USE ANY OF THE FOLLOWING:  
(INDICATE NUMBER DESIRED TO USE)**

**SICK DAYS:** \_\_\_\_\_  
**PERSONAL DAYS:** \_\_\_\_\_

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

\_\_\_\_\_  
Date

**\*\*\*Please return this form along with the appropriate FMLA Certification form, completed by your physician, to Human Resources\*\*\***