

OAK PARK SCHOOL DISTRICT

13900 Granzon • Oak Park, MI 48237

www.oakparkschools.org

Request for Family and Medical Leave

Employee Name: _____ Date: _____

Job Title: _____ Department: _____

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) for up to 12 weeks of unpaid, job-protected leave for certain family and medical reasons. Submit this request form to your supervisor at least 30 days before the leave is to commence, when practicable. The employer reserves the right to deny or postpone leave for failure to give appropriate notice when such denial/postponement would be permitted under federal or state law.

ELIGIBILITY: Oak Park School District employee who has (1) worked at least 1,250 hours during the 12-month period immediately preceding the leave; and (2) had been employed by the employer for a minimum of 12 months.

DATES OF LEAVE REQUESTED: _____ to _____

REASON FOR REQUESTED LEAVE (Please check the appropriate box):

- Birth of my child and/or to care for the newborn child. Date of birth: _____
- Placement of child with me for adoption or foster care. Date of placement: _____
- To care for my spouse, child, or parent with a serious health condition
- My own serious health condition.
- A "qualifying exigency" has arisen from your spouse, child, or parent being called to foreign deployment during covered active duty with the U.S. Armed Forces.
- You are the spouse, child, parent, or next of kin for a covered U.S. Armed Forces servicemember with a serious injury or illness.

We will require that you use accrued paid leave while taking your unpaid FMLA leave entitlement. I intend to draw down the following earned time to be paid to me while on FMLA:

Sick Days _____ Vacation Days _____ Personal Days _____

I understand my benefits will continue during my FMLA leave, subject to my payment of my share of applicable premiums. I will need to provide certification for the absence, documentation of the relationship, and/or a physician statement verifying my ability to return to work.

Signature: _____ Date: _____

* This form is a request for a determination of FMLA eligibility. It is not a guarantee my absence will qualify or be designated as FMLA leave.

For Office Use Only

Approved/Denied

Please confer with Business Office before final approval

Director Date

Superintendent Date

Board of Education Date