DeSoto County Schools

FAMILY AND MEDICAL LEAVE REQUEST

This form contains medical-related information and must be maintained in files separate from employee personnel files, in locked cabinets with only designated persons having access. Employer should retain original and provide a photocopy of the form with the Response to the Request section completed within a reasonable time period (2 business days from the date the request was received).

FMLA Request: To be Completed by Employee

Name: _____ Date: _____

Present Position: _____ Location: _____

Date of Employment: _____ Employment Status: ☐ Full-Time ☐ Part-Time

I am requesting FMLA leave:

☐ for the birth of a son or daughter, and to care for the newborn child

☐ for the placement of a son or daughter within the employee's home from foster care or adoption.

☐ To care for the employee's spouse, son, daughter, or parent with a serious health condition

☐ Due to a serious health condition that the employee needs care for

If the purpose of FMLA is to care for a sick family member or because of the employee's serious health condition, the leave may be taken intermittently or on a reduced schedule provided such arrangements are medically necessary. Management approval for intermittent leave is required if the leave is taken because of a birth or placement of a child. The employee must make a reasonable effort to schedule intermittent leave so as not to disrupt operations and may be temporarily transferred to another position with equivalent pay and benefits.

Anticipated date FMLA leave is to begin: _____

Anticipated date FMLA leave is to end: _____
(if known)

Under the Family and Medical Leave Act, if you have worked at least one year and 1250 hours in the past 12 months, you may be eligible for up to 12 weeks unpaid leave under specific circumstances. You are entitled to receive health benefits as if you were still working. When returning to work, you will be reinstated to the same or an equivalent position with the same pay, benefits and terms and conditions of employment. If you do not return to work following FMLA leave (for a reason other than the continuation, recurrence or onset of a serious health condition which would qualify as an FMLA event or 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.

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Employee Signature Date