



Request for Use of Family Medical Leave (FMLA)

Date: _____

To: _____
Name of Supervisor

From: _____
Name of Employee

Campus: _____

Employee's Current Address

City, State & Zip Code

I would like to request FMLA leave beginning _____ and ending _____
for the following reason:

- The birth of a child, or the placement of a child with you for adoption or foster care; or
- A serious health condition that makes you unable to perform the essential functions of your job; or
- A serious health condition affecting your spouse, child, parent, for which you are needed to provide care.

According to Board Policy GCCC: [Any eligible employee of the District may take up to twelve (12) weeks of leave (FMLA leave)]. "An eligible employee is one who has been employed by the District at least twelve (12) months and who has completed at least one thousand two hundred fifty (1,250) hours of service immediately prior to the time the FMLA leave is to commence."

FMLA is an **unpaid** form of leave. An employee may elect to use their accrued leave time during their absence. Once all leave is exhausted, pay will stop. If insurance premiums are normally deducted from their pay check, the employee will be responsible for making those payments **in advance** of their due date. If the employee fails to make the full payment during a FMLA leave within 31 days after the payment was due, the coverage will terminate effective on the date the payment was due.

In some cases, the District may recover premiums paid for maintaining an employee's health coverage if the employee fails to return to work from FMLA leave.

Once all signatures are attained, school will forward request to Human Resources for eligibility information. Upon eligibility, employee must furnish the medical certification documentation to Human Resources within 15 days.

Employee's Signature

Approving Supervisor's Signature

Principal's Signature

Human Resources

Phone: 928-502-4700 - Fax: 1-888-855-8114

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