COLUMBUS MUNICIPAL SCHOOL DISTRICT

FAMILY MEDICAL LEAVE REQUEST FORM

To request leave on the basis of the Family and Medical Leave of Act (FMLA), please complete the following request form and submit to Human Resources at least 30 days prior to leave (unless leave is unforeseen, in which case submit the form as soon as practical).

Employee Name (print clearly): _____

Requested Leave Start Date: _____ **Estimated End Date:** _____

The reason for this FMLA leave request is (select the most appropriate box):

❑ Birth of a son or daughter and to care for the newborn child.

❑ Placement with the employee of a son or daughter for adoption or foster care.

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

❑ A serious health condition that makes the employee unable to perform the functions of the employee's job.

❑ A qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active-duty status).

❑ To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent or next of kin of the covered service member.

❑ To care for the employee's child when the employee is unable to work (or telework) due to the closing of the child's school, place of care, or unavailability of the regular childcare provider due to a public health emergency with respect to COVID-19.

Time off work is expected to be (select the most appropriate box):

❑ For a continuous block of time (several continuous days, weeks, or months off work).

❑ For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).

❑ On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week; examples may be time off for flare-ups of a medical condition and/or for ongoing medical treatment/appointments).

Additional information about employee FMLA rights and responsibilities will be provided to you in writing within five business days after receipt of this notice (unless already provided). Determination of eligibility for leave under the FMLA, and/or additional documentation or clarification of documentation, may be required prior to making a final FMLA determination to approve or deny an FMLA leave request. Please contact Human Resources with any questions, 662-241-7400.

Employee Signature: _____ **Date:** _____

Return to Human Resources Department

For HR use ONLY: **Date received:** _____ **FMLA Eligibility Notice sent:** _____

COLUMBUS MUNICIPAL SCHOOL DISTRICT

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To be completed by Employer: (Physician FMLA Form) must be attached.

Name _____ School _____

Beginning and ending dates to be out on FMLA per the doctor notation_____

Dates the employee qualifies to be out on FMLA _____

APPROVED OR DENIED (please highlight)

_____ _____

Director of Human Resources Business Office Supervisor

_____ _____

District Business Manager Superintendent

Date _____

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