



Worth County School District

APPLICATION FOR LEAVE

If leave is foreseeable, application should be completed 30 days in advance.

If advance notice is not possible, application should be completed within 2-3 working days after employee learns of the need for leave.

Name: _____ Work Location: _____

Employee #: _____ Position: _____

Type of Leave: ___ Leave ___ FMLA leave ___ Maternity ___ Bonding ___ Medical

Start Date of Anticipated Leave: _____

End Date of Anticipated Leave: _____

Expected Date of Return to Work: _____

Reason for Leave (Explain): _____

I understand completion of this Application for Leave does not guarantee that leave will be granted.

I understand that if I am requesting leave for a serious health condition or the serious health condition of the my spouse, child or parent, a verifying medical certification from a physician will be forwarded to me upon receipt of this Application. This completed medical certification form will be due within 15 days of issuance.

I hereby authorize Worth County School District to contact my physician to verify the reason for my requested family and medical leave.

I understand that if I do not qualify for FMLA leave or the leave type that I am requesting is not FMLA covered leave, I will be notified by Worth County School District.

I understand that failure to return to work at the end of my leave period may be treated as job abandonment unless a request for leave extension has been agreed upon and approved in writing by Worth County School District.

I understand at such time that my leave becomes leave without pay, I will be required to submit payment to Worth County School District no later than the 10th of each month to cover the costs of my elected benefits. Failure of payment may result in the cancellation of my premiums.

Signature: _____ Date: _____

APPROVED BY

I agree that the above requested leave is necessary and will not unduly disrupt the operation of the system.

Principal/Supervisor: _____ Date: _____

Human Resources Director: _____ Date: _____

OFFICE USE ONLY		Leave qualifies for FMLA?		YES	NO	Form Received	Application
Hire Date	_____	Employed for at least 12 months				Form Received	Application
Hours Worked	_____	Actually worked a minimum of 1,250 hrs in last 12 months				Form Received	Medical Certification
						Leave Available	