

**STATE DEPARTMENT OF EDUCATION
FAMILY MEDICAL LEAVE ACT
Leave Request Form**

Part A: To be completed by employee (or supervisor, if employee unable), then submitted to supervisor.

To qualify for FMLA leave, the employee must submit a written request, meet eligibility criteria, and upon return to work must provide a medical release. Notice of Eligibility, Rights & Responsibilities, and Determination Designation must be provided within five (5) business days of the employee notifying the employer of the need for FMLA leave.

Please contact the SDE Human Resources Office or consult the FMLA regulations for answers to any questions that you have, now or at any time during FMLA leave.

Employee Name

Department/Unit/Section

REASON FOR LEAVE:

Employee's Classification Title

- Birth of a child
- Adoption of a child or placement of a child in foster care
- To care for a qualifying family member with a serious health condition
- Due to the employee's own serious health condition
- To attend to a Qualifying Exigency (QE) arising out of the fact that the employee's spouse, parent, son, or daughter is "on active duty or had been notified of an impending call or order to active duty in support of a contingency operation."
- To care for a qualifying family member who incurred a serious injury or illness in the line of duty while on active duty in the Armed Forces.

Provide brief description/details as appropriate:

NOTE: Employee need only provide brief description, as needed. A completed **Certification of Health Care Provider** or **Certification of Qualifying Exigency for Military Family Leave** may be submitted at the time this FMLA Leave Request form is submitted. If employee does not have this, the employee must return the completed medical documentation within fifteen (15) days from the date of the leave request, unless a request for extension was received and approved.

TYPE OF LEAVE REQUESTED:

Continuous Intermittent Reduced Hours

If FMLA leave is approved, do you wish to use available sick and/or vacation time while on FMLA leave?

Yes No

Date leave started or anticipated leave start date: _____

Date of anticipated return to work: _____

Employee Signature (if completed by employee)

Date

Part B: To be completed by supervisor, then submitted to Human Resources.

An employee who is returning from FMLA leave may be required to provide a "Fitness for Duty" certification from their medical practitioner, if, due to the nature of the health condition and the job:

- Light duty work or other accommodation is requested; or
- The Agency, having a reasonable basis in fact to do so, requires assurance that returning to work would not create a significant risk of substantial harm to the employee or others.

Note that, if a "Fitness for Duty" certification will be required upon return to work, the employee must be notified of that requirement in advance. If the employer wishes the "Fitness for Duty" certification to address the employee's ability to meet essential job functions, the employer must provide the employee with a list of the essential job functions.

For FMLA requests arising due to the employee's own serious health condition, I have attached a list of essential job functions for this employee's position.

___ Yes ___ No

Supervisor Signature

Date

Supervisor Printed Name

Part C: To be completed by Human Resources.

Employee's PCN

Employee's Hire Date

Date agency became aware of employee's need for FMLA: _____

Is employee eligible for FMLA? ___ Yes ___ No

Is reason for leave eligible for FMLA? ___ Yes ___ No

Appropriate FMLA Memorandum completed? ___ Yes ___ No

Appropriate FMLA Memorandum distributed:

Date

HR Representative Signature

Date

HR Representative Printed Name

HR Representative Title

Distribution: 1 copy of completed FMLA Request Form each to Supervisor, Employee, and Employee's Confidential Medical file.