APPLICATION FOR FMLA INTERMITTENT LEAVE OR LEAVE ON A REDUCED SCHEDULE

Name: _____
Current Address: _____
Position: _____
School or Worksite: _____

State whether you are requesting intermittent leave or leave on a reduced schedule:

_____ Intermittent leave
Beginning date of leave: _____
Ending date of leave: _____

_____ Leave on a reduced schedule
Schedule requested: _____
Beginning date of revised schedule: _____
Date reduced leave expected to terminate: _____

Describe the reason for a request of intermittent or reduced leave: _____
_____
_____
_____

If leave is based on medical necessity of an individual other than the employee state:
Family member: _____
Relationship to employee: _____
Name and address of Healthcare Provider(s): _____

If leave is requested in connection with the birth or placement of a child, please note that the leave is subject to the approval of the district.

EMPLOYEE'S STATEMENT

I hereby authorize Caney Valley Public Schools district to contact my healthcare provider(s) to verify the reason for my requested leave or for any other information concerning my requested family or medical leave if the medical certification has not been received or has not been fully completed.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation and will serve as a basis for discharge unless an extension has been agreed upon and approved in writing by the superintendent of schools.

_____ _____
Date Employee's Signature

Approved By:

Employee's Immediate Supervisor

Superintendent of Schools

APPLICATION FOR FMLA INTERMITTENT LEAVE OR LEAVE ON A REDUCED SCHEDULE (Cont.)

MEDICAL RELEASE

I authorize the release of any medical information, necessary to process my leave request, by my physician or other healthcare provider to the Caney Valley school district.

Date

Patient's Signature