

Adoption Date: January 14, 2019

Revision Date(s):

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**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:

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Employee's Immediate Supervisor

Superintendent of Schools

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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