

<b>CANEY VALLEY BOARD OF EDUCATION</b>		<b>DECA-E6</b>
<i>Adoption Date: January 14, 2019</i>	<i>Revision Date(s):</i>	<i>Page 1 of 2</i>

## 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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**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