Jamie Kinnarney, Superintendent of Schools
Anda Adams, Chief Academic Officer
Rebekah Mortensen, Director of Special Services
Michaela Martin, MTSS Coordinator
Christopher Locarno, Business Manager
Raymond Ballou, Director of Technology & Communications

White River Valley Supervisory Union
461 Waterman Road, Royalton, VT 05068
Phone: 802-763-8840 Fax: 802-763-3235

FBUD (Chelsea/Tunbridge) RSUD (Rochester/Stockbridge) Sharon Strafford WRUD (Bethel/Royalton) WRVSU

I _____, hereby request a leave under FMLA.
(Employee Name)

Leave date(s) requested: _____

WRVSU will allow eligible employees to take Family Medical Leave for the following qualifying reasons:

☐ Pregnancy or the birth of a child
☐ The placement of a child with the employee for adoption or foster care
☐ The serious illness of the employee's child, stepchild, or ward who lives with the employee, foster child, parent, spouse or the employee's own serious illness.

☐ *Poses imminent danger of death*

☐ *Requires inpatient care in a hospital, hospice or nursing home; or*
☐ *Requires continuing treatment, including outpatient treatment by a healthcare provider.*

☐ I have been advised of my rights under FMLA.

☐ I plan on returning to work on _____.

I understand that when I return to work, I will be restored to my current position or a substantially equivalent position.

I also understand that while I am on FMLA from WRVSU, I will be responsible for paying the total premiums for my benefits coverage for myself and for my dependents, if my leave exceeds the accrued paid sick time as otherwise addressed in the Master Agreement. Failure to do so may result in loss of coverage.

_____ Date: _____
Signature of Employee

_____
Print Name of Employee

_____ Date: _____
Signature of Supervisor