



REQUEST FOR LEAVE OF ABSENCE

Last Name	First Name	School/Dept.	Home Phone No.	Cell Phone No.
Mailing Address Street/PO Box		City	State	ZIP Code

Type of Request: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	Reason for Leave: <input type="checkbox"/> Own serious health condition (non-work related) <input type="checkbox"/> Care for child/spouse/parent with serious health condition <input type="checkbox"/> Birth, placement or adoption of a child (Indicate due date if pregnant: _____) <input type="checkbox"/> Qualifying exigency leave for families of covered service members <input type="checkbox"/> Military caregiver leave <input type="checkbox"/> Military leave <input type="checkbox"/> Educational leave, or other leave not specified above
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See reverse side of this form regarding your FMLA rights for this leave. Request for medical leave for self or immediate family member requires submission of Health Care Provider Certification Form.

I wish to continue the following benefits while on leave	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> Vision <input type="checkbox"/> Flex/Colonial
I wish to cancel the following benefits while on leave	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> Vision <input type="checkbox"/> Flex/Colonial
I wish to use the following leave:	<input type="checkbox"/> sick <input type="checkbox"/> paid parental <input type="checkbox"/> annual <input type="checkbox"/> personal <input type="checkbox"/> extended <input type="checkbox"/> bonus <input type="checkbox"/> leave without pay

The premiums will continue to be deducted while paid leave continues. Once unpaid leave begins, the employee is responsible for paying the monthly premiums to Martin County Schools by check, cash or money order.

To Be Completed by Employee

Leave Type	Date From	Date To	# Days	Check if Applicable
<input type="checkbox"/> Sick Leave With Pay or <input type="checkbox"/> Sick Leave Without Pay				<input type="checkbox"/> Intermittent Leave
<input type="checkbox"/> Paid Parental Leave				N/A
<input type="checkbox"/> Leave With Pay or <input type="checkbox"/> Leave Without Pay				<input type="checkbox"/> Intermittent Leave
Educational Leave (Pending approval & requires proof of enrollment, program description, & justification for leave).				N/A
Military Leave or Qualifying Exigency Leave (attach active duty orders); Military Caregiver Leave				N/A

	Signature	Date
Employee		
Principal/Supervisor		

Signature – Human Resources Director	Signature – Payroll	Date

Distribution Copies: Employee, Principal/Supervisor, Payroll

PRELIMINARY FMLA DESIGNATION NOTIFICATION

This is to inform you that your extended and/or intermittent leave will be preliminarily designated as FMLA (Family Medical Leave Act) leave in accordance with federal law. This law is there to protect your job and employer paid benefits while you are out on a qualified leave of absence.

As indicated on this Request for Leave form, you are requesting a leave for your own serious health condition, the serious health condition of your child, spouse, or parent, or for the birth or adoption of a child, qualifying exigency leave, or military caregiver leave. Leave for any of these reasons qualifies as FMLA leave.

A “serious health condition” for a family member requires either:

- Hospitalization; or
- Any period of incapacity of more than three calendar days that involves continuing treatment by a health care provider; or
- Any health condition that if left untreated would result in a period of incapacity of at least three days (including chronic conditions); or
- For prenatal care.

The definition of a “serious health condition” is the same for an employee with the addition that it must prevent the employee from performing the functions of his/her position.

A qualifying exigency occurs when an employee’s spouse, son, daughter, or parent who is a member of the National Guard or Reserves is on active duty or has been called to active duty in support of a contingency operation. The reasons for which an employee may take leave because of a qualifying exigency are divided into seven general categories:

- Short-notice deployment
- Military events and related activities
- Childcare and school activities
- Financial and legal arrangements
- Counseling
- Rest and recuperation
- Post-deployment activities

Military caregiver leave – An eligible employee who is the spouse, son, daughter, parent or next of kin of a covered service member shall be entitled to a total of 26 workweeks of leave during a single 12 month period (commencing on the date the employee first takes leave) to care for a covered service member undergoing medical treatment, recuperation or therapy; or otherwise in outpatient status; or on the temporary disability retired list. If the reason for your leave meets the above criteria and you meet the eligibility requirements, your leave will be counted as FMLA. This does not impact how or if you are paid during your leave. You are still required to complete the necessary paperwork to receive sick pay and/or disability, if eligible. A formal notice will be sent to you indicating the dates covered, what entitlement your leave counts against, your eligibility, and if there is any additional information required.

If you have not already done so, please have your health care provider complete the Health Care Provider Certification form and return it to the Human Resources Office with in 15 days. If this information is not received within 15 days, your leave may be denied.

For more information, please contact the Human Resources Director.