



ROYAL OAK SCHOOLS

A COMMUNITY OF EXCELLENCE

Request for Family Medical Leave (FMLA)

Employee Name:	Date:
Building:	Assignment: Full time or Part Time
Last Four Digits SS#:	Hire Date:

I request a leave of absence under the Family and Medical Leave Act (FMLA) for one of the following reasons:

_____ The birth of a child - Estimated date of delivery _____ or Placement of a child for adoption or foster care - Estimated date of placement _____;

_____ My own serious health condition;

_____ Because I am needed to care for ☐ spouse; ☐ child; ☐ parent due to his/her serious health condition.

_____ Because of a qualifying exigency arising out of the fact that my ☐ spouse; ☐ son or daughter; ☐ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

_____ Because I am the ☐ spouse; ☐ son or daughter; ☐ parent; ☐ next of kin of a covered service member with a serious injury or illness.

I have taken a leave under FMLA in the past 12 months: Yes _____ No _____

If yes, number of work days taken: _____

Method of Leave Requested:

_____ Consecutive Leave, From: _____ Through: _____

_____ Intermittent Leave, From: _____ Through: _____ (Expected Days/Weeks/Months on Leave)

I have read and agree to the following conditions:

1. I have read and agree to abide by the District's FMLA Leave Policy - <https://go.boarddocs.com/mi/ros/Board.nsf/Public>
2. My FMLA leave will be unpaid unless I substitute available sick days for sick leave days while I am placed off work medically by a physician.
3. If I fail to return to work after my FMLA leave for reasons other than the continuation, recurrence or onset of a serious health condition that would entitle me to FMLA leave, or other circumstances beyond my control as defined in the FMLA, I will be financially responsible for all medical insurance premiums paid by the District for me and my family attributable to my FMLA leave.
4. When my leave expires, if I do not return to work or receive prior permission in writing from the District's Central Office to extend my leave, I will be considered to have abandoned my job and my employment with the District will end.

Employee Signature

Date