WENTZVILLE SCHOOL DISTRICT
LEARNING TODAY, LEADING TOMORROW

REQUEST FOR FAMILY AND MEDICAL LEAVE

To: Human Resources

From: (employee's name) _____

Date: _____

I am requesting Family/Medical leave due to:

☐ The birth of a child, or placement of a child with me for adoption or foster care;

☐ A serious health condition making me unable to perform the essential functions of my job;

☐ A qualifying exigency arising out of the fact that my ____spouse; ____son or daughter; _____parent is on covered active duty or called to cover active duty status with the Armed Forces.

☐ The fact that I am the _____spouse; _____son or daughter; _____parent; _____next of kin of a covered service member with a serious injury or illness.

☐ The need to care for my ☐ spouse; ☐ child; ☐ parent due to his/her serious health condition.

I am requesting my leave to begin on _____ (anticipated start date) and expect it to continue until on or about _____ (anticipated return date).

I am requesting intermittent leave to begin on or about _____.

I HAVE ☐ HAVE NOT ☐ taken FMLA leave in the past 12 months.

If so, what dates? _____

Employee Signature: _____

You have a right under FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or other circumstances beyond your control, you may be required to reimburse the district for its share of any health insurance premiums paid on your behalf during your FMLA leave.

Approved Medical Leave not covered under FMLA will not protect your district-paid benefits. You may be responsible for paying your insurance premiums.

****