



FOREST AREA SCHOOL DISTRICT
 22318 Route 62, Box 16, Tionesta, Pennsylvania 16353-9307
 Amy Beers, Superintendent
 (814) 755-4491 Fax: (814)755-2426

EMPLOYEE REQUEST FOR FAMILY MEDICAL LEAVE ACT FORM

An employee should use this form to request FMLA leave involving intermittent periods of time off or a reduced daily or weekly work schedule. An eligible employee requesting FMLA leave must give thirty (30) days' advance notice to their supervisor of the need to take unpaid FMLA leave when the need for leave is foreseeable. When the need for leave is not foreseeable, such notice must be given as soon as practicable. The use of FMLA leave will be subject to verification. The district may require that an employee's request for FMLA leave to care for the employee's seriously ill spouse, son, daughter, or parent, or due to the employee's own serious health condition, be supported by a certification issued by the health care provider.

Employee's Name (Print)	Social Security Number	Department
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1. Reason for reduced or intermittent schedule: The reason for this notice of a need for intermittent leave or a reduced work schedule is:

- ___ For the birth of a son or daughter and to care for the child
- ___ For the placement of a son or daughter for adoption or foster care with myself
- ___ To care for my spouse, son, daughter or parent with a serious health condition
- ___ A serious health condition that makes me unable to perform the functions of my job

2. Request leave under the Family Medical Leave Act beginning on _____
 (date)

And that I expect leave to continue until on or about _____
 (date)

3. Generally FMLA leave is unpaid; eligible employees will be required to substitute their accrued sick leave for unpaid FMLA leave when the FMLA leave request qualifies for sick leave usage, or an eligible employee may elect to substitute accrued annual leave for unpaid FMLA leave.

- ___ Request to substitute accrued sick leave for unpaid FMLA leave
- ___ Request to substitute accrued annual leave for unpaid FMLA leave
- ___ Request unpaid FMLA leave

4. Maintenance of Health Benefits

A covered employer is required to maintain group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. If the employee is on unpaid FMLA leave, the employee must make arrangements to pay their share of health insurance premiums while on leave without pay. In some instances, the employer may recover premiums it paid to maintain health coverage for an employee who fails to return to work from FMLA leave.

____ If approved, I will make arrangements with the Forest Area School District Payroll Office to pay my share of health insurance premiums while on leave without pay

5. Notice of Certification

The Forest Area School District requires that an employee's request for FMLA leave to care for the employee's seriously ill spouse, son, daughter, or parent, or due to the employee's own serious health condition, be supported by a certification issued by the health care provider.

____ Attached is a completed Certification of Health Care Provider Form

____ Attached is other certification, list type of certification below:

Employee's Signature

Date of Request

Supervisor's Signature

Date