Employee Request for FMLA

I, ______________________, hereby request a leave for FMLA.

(Employee)

Leave date(s) requesting: ________________________________

Reason for Leave: (please check one)

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. ___________

“Serious illness” means an accident, disease or physical or mental condition, including illness, injury or impairment that:

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 leave exceeds accrued paid sick time or otherwise addressed in the Master Agreement. Failure to do so may result in loss of coverage.

__________________________  ______________
Signature of Employee Date

__________________________
Printed Name of Employee

__________________________  ______________
Signature of Supervisor Date