



Sachem Central School District at Holbrook

Application for Family Medical Leave

- Please indicate:
Teacher
TA
Clerical
Other

Name: School:

Address:

Home Phone: Cell Phone:

Expected Start Date of Leave:

Expected Date of Return to Work:

Were you on a FMLA Leave during the past 12 months? Yes No

Reason for Leave (explain):

If the leave is approved and you wish to use sick and or personal days, please explain how you would like to utilize the available days during initial period of disability:

Sick Personal

Note: In addition to this application, a "Certification of Health Care Provider" form must be provided within ten business days after the onset of the medical condition.

I received and have reviewed the District FMLA Guidelines. I understand that this form is an application for a FMLA Leave and that in order for this request to be considered, I must meet the requirements of the FMLA as the law stipulates.

Signature: Date:

For FMLA due to pregnancy - please call the Personnel Office within a month of delivery in order to ensure paperwork and benefits are in place to guarantee no lapse of benefits and salary.

Please do not write below this line.

To Be Completed by the Personnel Office ONLY.

Request for FMLA

Employment Status (circle one)

- Approved
Not Approved

- Leave Replacement
Probationary

Signature:

Date:

Assistant Superintendent for Personnel