

AMITE COUNTY SCHOOL DISTRICT

FAMILY MEDICAL LEAVE NOTICE

If any employee is off of work for 5 days or more due to any of the below listed criteria, **you must complete this form and return it to the payroll office immediately.** We are required to send the employee a FMLA letter as soon as we are notified so that the employee's job is protected. This is a very important and time sensitive matter. If you know that an employee will be out for surgery or maternity, go ahead and complete this form and send it in as soon as you know the anticipated dates. FMLA covers the following areas:

- ❖ for the birth and care of the newborn child of the employee
- ❖ for placement with the employee of a son or daughter for adoption or foster care
- ❖ for certain qualifying exigencies arising out of a covered military member's active duty status, or notification of an impending call or order to active duty status, in support of a contingency operation
- ❖ to care for an immediate family member that is recovering from an active military injury
- ❖ to care for an immediate family member with a serious health condition; **or**
- ❖ to take medical leave when the employee is unable to work because of a serious health condition.

EMPLOYEE'S NAME _____

SCHOOL _____

LAST DAY OF WORK COMPLETED OR ANTICIPATED TO COMPLETE: _____

CAUSE OF MISSED WORK:

EMPLOYEE ILLNESS _____

IMMEDIATE FAMILY MEMBER ILLNESS _____

EMPLOYEE SURGERY _____

IMMEDIATE FAMILY MEMBER SURGERY _____

EMPLOYEE MATERNITY OR ADOPTION _____

MILITARY INJURY _____

MILITARY CALL TO DUTY _____

EXPLANATION: _____

ANTICIPATED RETURN TO WORK DATE: _____

APPROVED BY:

PRINCIPAL OR DIRECTOR

DATE SUBMITTED