



Intermittent FMLA Verification Form

Please complete this form and return to your parking bus supervisor or planner the day of your return or not later than the following business day. Provide the necessary documentation regarding your absence and release to return to work, if applicable.

Employee: _____ Employee Number: _____

Location: _____

Per United States Department of Labor FMLA regulations:

When an employee seeks leave due to a qualifying reason, for which the employer has previously provided the employee FMLA-protected leave, the employee must specifically reference either the qualifying reason for leave or the need for FMLA leave. Calling in "sick" without providing more information will not be considered sufficient notice to trigger an employer's obligations under the Act. The employer will be expected to obtain any additional required information through informal means. An employee has an obligation to respond to an employer's questions designed to determine whether an absence is potentially FMLA-qualifying. Failure to respond to reasonable employer inquiries regarding the leave request may result in denial of FMLA protection if the employer is unable to determine whether the leave is FMLA-qualifying.

Please state the reason for your absence(s) below and initial the appropriate FMLA box:

Date:	Reason for absence:	FMLA Related Absence	FMLA Paperwork on file

Note: The information provided in this document will be sent to Cabarrus County Schools Human Resources Department for FMLA verification.

By signing below I hereby certify that the date(s) listed above is accurate for the FMLA absence(s).

Employee signature: _____ Date: _____

FOR OFFICE USE ONLY:

Supervisor signature: _____ Date: _____

Received by: _____ Date: _____

Sent to HR: _____