

APPLICATION FOR FMLA INTERMITTENT LEAVE
OR LEAVE ON A REDUCED SCHEDULE

Name: _____
Current Address: _____
Position: _____
School or Worksite: _____

State whether you are requesting intermittent leave or leave on a reduced schedule:

- Intermittent leave
- Beginning date of leave:
- Ending date of leave:
- Leave on a reduced schedule
- Schedule requested:
- Beginning date of revised schedule:
- Date reduced leave expected to terminate:

Describe the reason for a request of intermittent or reduced leave:

If leave is based on medical necessity of an individual other than the employee state: _____
Family member: _____
Relationship to employee: _____
Name and address of Healthcare Provider(s): _____

If leave is requested in connection with the birth or placement of a child, please note that the leave is subject to the approval of the district.

EMPLOYEE'S STATEMENT

I hereby authorize Gore Public Schools district to contact my healthcare provider(s) to verify the reason for my requested leave or for any other information concerning my requested family or medical leave if the medical certification has not been received or has not been fully completed.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation and will serve as a basis for discharge unless an extension has been agreed upon and approved in writing by the superintendent of schools.

Date: _____ Employee's Signature: _____

Approved By: _____

Employee's Immediate Supervisor: _____
Superintendent of Schools: _____ Date: _____