



Sachem Central School District

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. Failure to comply with this requirement may jeopardize your FMLA request.

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. Furthermore, I understand that my request must be approved by the Assistant Superintendent for Personnel.

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

- ☐ Approved
- ☐ Not Approved

Employment Status (circle one)

Leave Replacement

Probationary

/ Tenured

Signature: _____

Assistant Superintendent for Personnel

Date: _____