



## **GATEWAY SCHOOL DISTRICT GEA – FMLA/MEDICAL LEAVE REQUEST**

Eligible employees are entitled to take up to 12 work weeks of FMLA leave in a 12-month period for any of the reasons listed below. See [Fact Sheet 28: The Family and Medical Leave Act - Overview](#), as amended.

- **A serious health condition that makes the employee unable to perform the functions of his or her job.**
  - Section 101(11) of FMLA defines serious health condition as "an illness, injury, impairment, or physical or mental condition that involves:
    - inpatient care in a hospital, hospice, or residential medical care facility; or
    - continuing treatment by a health care provider.
- **To care for the employee's spouse, son, daughter, or parent who has a serious health condition.**
- **The birth of a child and to bond with the newborn child within one year of birth.**
- **The placement with the employee of a child for adoption or foster care and to bond with the newly placed child within one year of placement.**
- **Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a military.**
- **To care for a covered servicemember with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the servicemember (military caregiver leave).**

**REQUEST FOR FMLA OR MEDICAL LEAVE**

Employee's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Does your spouse work for this district?**

\_\_\_\_\_ Yes. \_\_\_\_\_ No

**Reason for taking leave: (select one)**

\_\_\_\_\_ Medical (NON-FMLA COMMENCING) Leave

If **MEDICAL LEAVE** is elected, employees will be required to utilize their accrued sick, vacation, and personal days while on leave. Additionally, this will need to be coordinated with the Personnel Office.

**OR**

\_\_\_\_\_ FMLA Leave (choose one option below)

\_\_\_\_\_ To care for my child after birth or placement in adoption or foster care.

\_\_\_\_\_ To care for my spouse, child, or parent who has a serious health condition.

\_\_\_\_\_ My own serious health condition makes me unable to perform at least one (1) of the essential functions of my job.

**Employee Pay Options for FMLA Leave**

\_\_\_\_\_ I elect to utilize my accrued sick, vacation, and personal days.

**OR**

\_\_\_\_\_ I DO NOT want to use my accrued sick, vacation, and personal days.

**Required Information:**

Date leave is to start: \_\_\_\_\_

Date I expect to return from work: \_\_\_\_\_

Schedule of time needed off: \_\_\_\_\_

**NOTE: Intermittent or reduced-schedule FMLA Leave for the birth or placement of a child is subject to the district's approval.**

YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE FULLY READ, UNDERSTANDS THE AFOREMENTIONED ELIGIBILITY REQUIREMENTS FOR FMLA. YOU FURTHER ACKNOWLEDGE AND AGREE THAT YOU HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS AND CONSULT WITH A MEDICAL PROVIDER OF YOUR CHOICE BEFORE SIGNING THIS MEDICAL LEAVE REQUEST. To indicate your acknowledgment and understanding, please sign and date this Form in the space provided below and return it to Director of Human Resources.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## **OTHER INFORMATION:**

General Information: Once this form is completed and submitted to the Personnel Office, you will be contacted regarding subsequent documentation needed to satisfy the school district's requirements for approving said leave. For **Medical Leave**, the district requires a physician's note stating the date your absence will begin and the anticipated return to work date. Prior to returning to work, a release to full duty note will be required from this physician. For **FMLA Leave**, the federally mandated documents will be provided to the employee for completion based on the information submitted on this form. **SHOULD YOU DECIDE TO CHANGE YOUR ELECTION, IT IS YOUR RESPONSIBILITY TO CONTACT PERSONNEL AND REQUEST A NEW FORM TO COMPLETE, FORMALLY DOCUMENTING THE REQUEST.**

Disability Insurance: You may be entitled to receive disability insurance payment(s) while on a medical leave of absence. Please note that the District does not determine eligibility for any such payments. All forms and determinations are made by the insurance carrier. If you have any questions or need the disability application, please call Julie McEwen at 412-373-5710.

Other Employment: During the period that an employee is on a leave of absence, they are not permitted to hold any other positions within the District. This includes supplemental contracts, mentors and student teacher advisor. If you currently hold another position other than your regular teaching position, please contact my office to make arrangements for coverage for that position. Please be advised that the District will prorate any payment due to you for actual time served in that position.