

**FAMILY AND MEDICAL LEAVE APPLICATION**

- 1. Employee's Name: \_\_\_\_\_
- 2. Employee's Position in District: \_\_\_\_\_ Building: \_\_\_\_\_
- 3. Patient's Family Member Name (if different from employee): \_\_\_\_\_
- 4. Family and Medical Leave is available in one or more of the following instances:
  - a. the birth and first-year care of a son or daughter;
  - b. the adoption or foster placement of a child;
  - c. the serious health condition of an employee's spouse, parent, or child;
  - d. the employee's own serious health condition that makes the employee unable to perform his/her essential job functions;
  - e. because of any qualifying exigency, arising out of the fact that a spouse, son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.
  - f. to care for a covered service member if the eligible employee is the spouse, son, daughter, parent, or next of kin of the covered service member.

Reason for the leave: Does the patient's condition qualify under any of the categories described above? If so, please check the applicable category.

(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_ (d) \_\_\_\_\_ (e) \_\_\_\_\_ (f) \_\_\_\_\_ None of the above: \_\_\_\_\_

- 5. Medical certification: A medical certification form is not necessary in the case of categories (a) or (b). When the reason for the leave is (c) or (d), an employee must support a request for a Family and Medical Leave with a certificate completed by the employee's or family member's health care provider within 15 calendar days after the Superintendent requests certification. Failure to provide the certification may result in a denial of the leave request.
- 6. The U.S. Department of Labor (attached forms) will be used as the District's medical certification form.
- 7. Anticipated duration (including anticipated commencement date): Please attach an estimate of the time you will be using as Family Medical Leave, including a schedule of times and dates of absence from your job duties.
- 8. Other information pertinent to this application:

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Dickinson Public School District has considered this application for Family and Medical Leave and the request is  approved  not approved. A copy of this application will be given to the Director of Personnel and will be placed in the employee's personnel file.

Superintendent's/Human Resource Director's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_