

FAMILY AND MEDICAL LEAVE APPLICATION

- 1. Employee's Name: _____
- 2. Patient's Family Member Name (if different from employee): _____
- 3. 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: _____

- 4. 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.
- 5. The U.S. Department of Labor (attached forms) will be used as the District's medical certification form.
- 6. 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.
- 7. Other information pertinent to this application:

Employee's Signature: _____ Date: _____

The Dickinson Public School District hereby approves this application for Family and Medical Leave. 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 Signature: _____ Date: _____