Steger School District 194
Administration Center • 3753 Park Avenue • Steger, Illinois 60475
(708) 753-4300 *Phone* • (708) 755-9512 *Fax* • www.sd194.org

Dr. David T. Frusher, *Superintendent of Schools*
Eric T. Diehl, *Assistant Superintendent of Finance and Operations*
Jan Lenci, *Assistant Superintendent of Teaching and Learning*
Lindsey Coffey, *Director of Special Education*

INTERNAL LEAVE REQUEST FORM

To complete by employee Type or Print (Form is fillable)

Employee Full Name (first, last):
Employee Position:

Please review the leave options below, follow the directions in the area that best meets your requested needs, additional data may be required based on the leave option requested. There are 3 areas of leave options, only pick one area and follow the steps. All forms can also be requested via email at TracyAmmons@sd194.org.

I. Are you requesting leave under the Family Medical Leave Act or FMLA? (Please choose one option below) and review your rights under FMLA.

A. □ Birth of a child of the employee, and in order to care for such child.
B. □ Placement of a child with employee for adoption or foster care.
C. □ In order to care for spouse, child or parent ("covered relation") with a serious health condition.
D. □ Because of my own serious health condition which makes me unable to perform the functions of my position.

_____
Please list a brief description of your condition

E. Please complete numbers 1,2,3,4,5, & 6 below
and
F. Please have your doctor complete the appropriate Certification of Health forms which can be found on the district webpage. All forms should be faxed to 708-755-9512.

II. Are you requesting leave under the Family Bereavement Leave Act (FBLA)? Employees may request leave beyond their available bereavement leave or for the below reasons that fall beyond standard bereavement leave reasons for a max of 10 days. Review your rights under FBLA. (Please review eligibility options below)

- **death of a "covered family member";**
- **a stillbirth;**
- **a miscarriage;**
- **an unsuccessful reproductive procedure;**
- **a failed adoption match or an adoption that is not finalized because it is contested;**
- **a failed surrogacy agreement; or**
- **a diagnosis that negatively impacts pregnancy or fertility.**

If you feel you qualify for leave under FBLA, please complete the steps below and provide the documentation outlined.

A. □ **Yes, I am requesting leave under FBLA.**
B. **Please complete numbers 3,4 & 6**
and
C. **Please complete the FBLA verification form, this form can be found on the district benefits webpage and should be returned via fax to 708-755-9512.**

III. **Are you requesting leave due to Military Obligations? (Please complete the data below) If you are requesting leave for military duties including but not limited to being a reserve member or active duty, please read your rights under USERRA.**

A. □ **Yes, I am requesting leave for military reasons**

B. **Please complete numbers 3, 4 & 6 only and**

C. **Please send a copy of your orders/military paperwork verifying your military request to** TracyAmmons@sd194.org **or via fax at 708-755-9512.**

☐ **1. If you elected "C" in section 1 of FMLA please check one of the following: □ Spouse □ Child □ Parent**

2. If you elected "C", in section 1 of FMLA state name and address of relation:

3. Date on which you wish to commence leave:

4. Date of anticipated return to work:

5. Are you requesting to use your available sick/personal days?

6. Are you requesting leave on an intermittent or reduced leave schedule?

I understand that any available leave exhausted after the approval of a leave of absence could affect my insurance and salary. Any day used to pertain to FMLA (if approved) can also be classified as FMLA and backdated. You may find all forms related to all leaves above or procedures on the District Benefits Webpage.

FAMI LY MEDICAL LEAVE ACT (FMLA) SPECIAL NOTIFICATION DATA:

- An employee is eligible for FMLA who has been employed with the district for at least 12 months **and** who has worked at least 1250 hours (1000) under the new law) during the past 12 months.
- When the need for FMLA is foreseeable, an employee must provide 30 days' notice before the leave is to begin. When leave in not foreseeable, an employee must provide as much notice as is practicable.
- If you are eligible for FMLA, you have a right for up to 12 weeks of leave for the reasons listed on page 1 of this form, in Section 3. This absence will be counted as a part of your FMLA leave entitlement of 12 weeks per calendar year.
- If medical certification is required, it must be returned by the specified date or the school district may deny the leave. Sections of forms indicated for completion by the health care provider must be *fully* completed by the health care provider and NOT the employee. ALL questions and blanks need to be fully completed by the health care provider for the FMLA leave to be granted.
- If your medical leave is due to *your own* serious health condition, your health care provider MUST complete the Return to Work Medical Certification Form stating that you are fit to return to work. If this medical release is not received, your return to work may be delayed until provided. A release from your health care provider is not required if the FMLA has been for intermittent leave, such as for chronic conditions.
- If your medical leave is due to child placement in your home (foster or adoption) by your health care provider, you will NOT be required to present a medical release prior to being restored to employment.
- You may elect to substitute accrued paid leave for unpaid FMLA leave.
- Your individual health benefits are maintained during any period of unpaid FMLA leave as if you continued to work; however, to retain your family health and dental insurance coverage during an unpaid FMLA leave, you must pay any required employee share of the insurance premiums once you go off the payroll. You have a 30-day grace period to make premium payments. If not timely paid, your family health and dental coverage will be canceled.
- At the conclusion of FMLA leave, you will be reinstated to the same position held at the time the leave began or to an equivalent position with equivalent pay, benefits, and working conditions.

I acknowledge that completion of the *Request for FMLA* form does not imply that the leave will be approved. I understand that the approval for FMLA is subject to meeting eligibility qualifications as set forth by the Department of Labor and the Human Resources Coordinator will notify me of my approval status.

EMPLOYEE'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE (Acknowledgement of Request)

_____ DATE: _____