



EL PASO INDEPENDENT SCHOOL DISTRICT

Human Resources Office of Employee Benefits

Family & Medical Leave Act (FMLA) Request Form

Employee Name: TEAMS ID: Hire Date: Address: City/State: Zip: Phone #: Location: Position: Principal/Administrator:

PLEASE BE ADVISED THAT:

- 1. El Paso Independent School District employees who have been employed by the district for at least 12 months and have worked a minimum of 1,250 hours during the preceding 12-month period will be entitled to a total of twelve work weeks of leave... 2. The time allowed to care for a covered service member with severe injury or illness in a single 12-month period, is up to 26 weeks. 3. Medical Certification must be provided upon the request for medical leave. 4. Employees are required to use all applicable accumulated leave concurrently with family and medical leave. 5. If both spouses are employed by the District, FMLA for the birth, adoption, or placement of a child is limited to a combined total twelve work weeks. 6. Local Parental Leave: After all available paid leave days and any applicable compensatory time have been exhausted, a full-time employee shall be eligible for a maximum of 10 days of paid local parental leave... 7. A physician's release to return to work must be submitted to Human Resources/Employee Benefits prior to returning to your assigned position.

I have read and understand the above provisions on the use of FMLA and district policies and I am requesting Family Medical Leave for the following reason: (30-day advance notice must be provided when the leave is foreseeable)

- 1. Personal Illness Care of newborn, or placement of a child with you for adoption or foster care (Adoption or Foster Care documents from the appropriate agency must be attached). Local Parental Leave (see #6 above) - FMLA eligibility not required (Birth Certificate, Birth Facts, Adoption or Foster Care documents from the appropriate agency must be attached). 4. Family Member Illness: Spouse Child Parent Because of a qualifying exigency arising out of the fact that your spouse ; son or daughter ; or parent ; is on active duty or call to active duty status in support of a contingency operations as a member of the National Guard or Reserves. 6. Because you are the spouse ; son or daughter ; parent ; or next of kin ; of a covered service member with a serious injury or illness. (You are entitled to 26 work weeks of unpaid leave during a 12-month period.)

Leave will begin on: through:

Employee Signature: Date:

Acknowledgement of Supervisor: Date: