

**Southern Ohio Educational Service Center
Family Medical Leave Request**

Submit this request form to the district superintendent per Board Policy GBR-R at least 30 days prior to the date when the leave is to begin, unless the leave is unforeseeable. If unforeseeable, the employee must give notice as early as is practical.

Employee name _____

Requested beginning date of Family Medical Leave (FML) _____

Anticipated ending date of FML _____

Purpose of the leave _____

The Board may require certification from a health care provider containing specific information required under the law if this is for **medical leave**. **Attach** U.S. Department of Labor **Form WH-380** to this request if this is for medical leave. This form is available from the Superintendent, and/or designee.

If applicable, the employee may elect to use all or part of accumulated sick leave.

Do you wish to use sick leave? Yes _____ No _____

If yes, how many days do you want applied to your FML? Days _____

If eligible, the employee may elect to use accumulated vacation leave.

Do you wish to use vacation leave? Yes _____ No _____

If yes, how many days do you want applied to your FML? Days _____

Check the insurance plans which you are currently enrolled prior to your leave.

Medical-Family	_____	Life	_____
Medical-Single	_____	Dental-Family	_____
Vision-Family	_____	Dental-Single	_____
Vision-Single	_____		

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The Board will continue to pay the employer share of your medical (health) premium, but you must make arrangements to pay the employee's share once regular paychecks are no longer being issued.

Any insurances other than medical (health) may be continued on the group plan at the employee's expense.

Check the insurance plans you elect to continue at your own expense during your leave.

Medical-Family	_____	Life	_____
Medical-Single	_____	Dental-Family	_____
Vision-Family	_____	Dental-Single	_____
Vision-Single	_____		

Have you used FML previously while with this employer?

Yes _____ No _____

If yes, what were the dates of that leave? Start date _____ End date _____

Employee _____ Date _____
Signature

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The Superintendent, or his designee, will respond to this request using the U.S. Department of Labor Form WH-381. The original will go to the employee. A copy will be forwarded to Human Resources and to Fiscal Officer. The HR copy will later be filed in personnel file.

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To be completed by Superintendent, or designee

Date received _____ Was Form WH-380 attached? Yes ___ No ___

If Form WH-380 was not attached, is form required to respond? Yes ___ No ___

If yes, date Form WH-380 was mailed to employee _____

