

MORRISVILLE SCHOOL DISTRICT

REQUEST FOR FMLA

INTERMITTENT SCHEDULE

TO: _____

FROM: _____

RE: Notice of the Need for FMLA Leave

Date: _____

This memo is to notify you of my need for intermittent leave under the Family and Medical Leave Act. I require intermittent leave from _____ to _____ because of:

_____ temporary absences due to my own serious health condition.

_____ temporary absences due to caring for a family member (spouse, child, or parent) with a serious health condition.

I have attached a completed certification from a health care provider documenting my need for leave.

It is my understanding that I am eligible for up to twelve (12) weeks of leave per year under the Family Medical Leave Act and that I will be reinstated to my job after my leave. It is also my understanding that when a health care provider certifies a need for intermittent FMLA leave for a period exceeding thirty (30) days, an employer may not require additional certifications during that period unless a request is made to extend the leave, circumstances change significantly, or the employer receives information that casts doubt on the need for leave. (See 29 C.F.R. 825.308(b)(2)).

The Family and Medical Leave Act specifies that employers must provide specific written notice to an employee of rights and responsibilities regarding leave within a few business days of when that employee gives notice of the need for leave (29 C.F.R. 825.301). I look forward to receiving this information from you.

Please let me know immediately and in writing if you require anything further from me. I appreciate your assistance with this matter.

Intermittent Leave