

MORRISVILLE SCHOOL DISTRICT
EMPLOYEE REQUEST FOR FMLA

TO: _____

FROM: _____

RE: Notice of the Need for FMLA Leave

Date: _____

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

_____ I am temporarily unable to work because of my own serious health condition.

_____ I will be 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 Morrisville School District will continue my health insurance during my leave.

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.