

PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

Family and Medical Leave Request

NAME _____ SCHOOL _____

Reason and Amount of Leave Requested – Please check one and explain:

For my own serious illness:

Date leave will begin: _____ Date employee will return: _____

Number of weeks: _____ Number of days: _____ Number of hours (if applicable): _____

Explanation: _____

Birth, adoption, or as a pre-condition to adoption of employee’s child:

Date leave will begin: _____ Date employee will return: _____

Number of weeks: _____ Number of days: _____ Number of hours (if applicable): _____

Explanation: _____

Serious illness of employee’s child, spouse, or parent:

Date leave will begin: _____ Date employee will return: _____

Number of weeks: _____ Number of days: _____ Number of hours (if applicable): _____

Explanation: _____

_____/_____
Employee Signature Date

(You will receive a formal response to your request from the Superintendent or Director of Business Services.)

FMLA Benefit Summary

Below is a compilation of maximum benefits potentially afforded through the Federal and State Family Medical Leave Acts. The following are limits to benefits under these provisions. Usage of sick, vacation or personal time may be afforded through benefits outlined in the Employee Manual.

Please go to the FMLA reason for application*

* You must qualify for FMLA benefits to be eligible

I am ill or injured

Up to 12 weeks paid using sick, vacation or personal time.

I am having a baby

Up to 6 weeks paid using sick, vacation or personal time for baby bonding time.

Additional days up to 12 weeks are available unpaid.

My spouse is having a baby

Up to 6 weeks paid using sick, vacation or personal time.

Additional days up to 12 weeks are available unpaid.

My spouse, parent or child requires assistance due to a serious health condition

Up to 10 days paid using sick, vacation or personal time.

Additional days up to 12 weeks are available unpaid.

We are adopting a baby

Up to 6 weeks paid using sick, vacation or personal time.

Additional days up to 12 weeks are available unpaid.

What if we both work for the district?

Leave for birth, adoption or sick parent must be shared up to a total of 12 weeks