Plymouth-Canton Human Resources

Community Schools

Request for Family/Medical Leave

Employee Name: _____ S.S.#: _____

Position: _____ Location: _____

I am requesting a leave under the Family and Medical Leave Act for the following reason(s):

- ☐ Because of a serious health condition that began on _____ and that renders me unable to perform the functions of my job. Doctor's verification needed.
- ☐ Because of pregnancy. My expected delivery date is: _____. Doctor's verification needed.
- ☐ To care for my newborn child, my adopted child or for my recently placed foster child.
- ☐ To care for my spouse, child or parent who has a serious health condition. Doctor's verification needed.
- ☐ Intermittent.

My leave would begin on: _____ Expected return to work date: _____

I understand that I may also be required to submit a Medical Certification Statement form, dependent on the reason for my leave. I also understand that I must use all available leave days (per the applicable employment contract/agreement) in conjunction with this request.

If the duration of my Family & Medical Leave (total of paid and unpaid time) does not exceed 12 work weeks, I will be returned to my same or equivalent position within district building locations. If I do not return to work when my leave expires, or receive prior permission, in writing, from the Executive Director of Human Resources granting me an extension, I will be considered to have abandoned my job and my employment with the District will end. In addition, I understand the District may recover premiums paid for maintaining my group insurance during my period of leave if I fail to return to work following my Family & Medical Leave.

_____

Employee Signature Date

Return this to: *Dawn Schaller*
Plymouth-Canton Schools
Human Resource Dept.
454 S. Harvey
Plymouth, MI 48170