

## FMLA and Catastrophic Sick Leave Request



To request Catastrophic and/or FMLA please complete this form, attach a physician's statement with the approximate effective dates/timeframe and submit to Ginger Collins at the Homewood Board of Education ([gcollins@homewood.k12.al.us](mailto:gcollins@homewood.k12.al.us), or fax 205-879-5970). Both requests require board approval and should be submitted PRIOR to the requested time off.

*Please Print:*

Employee's Full Name \_\_\_\_\_ School \_\_\_\_\_

Beginning Date \_\_\_\_\_ Approximate Ending Date \_\_\_\_\_

Please select all that apply:

\_\_\_\_ As a member of the HCS Sick Bank, I am requesting **Catastrophic Sick Leave** and understand that donated days, if approved by the Sick Bank Committee, will not be awarded until all my sick days, personal leave and/or vacation days have been exhausted. (*A catastrophic illness is any illness, injury, pregnancy, or a medical condition related to pre-childbirth, certified by a licensed physician, which causes the member to be absent from work for an extended period of time.*)

\_\_\_\_ I am requesting coverage under the Family Medical Leave Act (**FMLA**) and acknowledge that I have worked for HCS for at least 12 months or more. I understand that any of my sick, personal and/or vacation leave will run concurrently from the date of first absence as long as the need results from one of the qualifying reasons under FMLA. *FMLA qualifiers include birth/care of newborn child, adoption/foster care placement with employee, care for immediate family member with a serious health condition, or medical leave when the employee is unable to work due to serious health condition.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

*Office Use:*

Rec'd

Dr. Note:

PAS:

SLB notice: