

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 Dayna Borden at the Homewood Board of Education (dborden@homewood.k12.al.us, or fax 205-877-4544). **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 a newborn child, adoption/foster care placement with an employee, care for an immediate family member with a serious health condition, or medical leave when the employee is unable to work due to a serious health condition.

Date

Employee Signature

Office Use: Rec'd _____ Dr. Note: _____ PAS: _____ SLB notice: _____