



pre-childbirth, certified by a licensed physician, which causes the member to be absent from work for an extended period of time.

- **Family Medical Leave Act (FMLA)**

- 1 In order to qualify for FMLA you must be employed by Homewood City Schools for at least 12 months or more. FMLA entitled an eligible employee to take unpaid, job-protected leave for specified family and medical reasons, with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. It is understood that any 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. *(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 a serious health condition.*
- 2 Complete the ***Request for Leave form***, indicating all options that apply, in order to account for the days you will be away from your job.
3. Because FMLA requests also require Board approval it is necessary to complete the ***FMLA and Catastrophic Sick Leave Request form*** and corresponding ***Physicians Form (Maternity or Medical)*** **PRIOR** to your requested absence when possible.
4. Return all forms to Dayna Borden at the Board Office (dborden@homewood.k12.al.us) or call 205-877-454 with any additional questions.

# REQUEST for LEAVE

## Personal – Professional – Sick/Maternity



*Please Print:*

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

Request is hereby made for \_\_\_\_\_ day(s) Date(s) \_\_\_\_\_

**PERSONAL LEAVE**  
(check all that apply)

Day 4     Day 5

Will you need a Sub?

**Personal Leave Days 4 & 5**  
Your signature serves as your acknowledgment that a daily substitute fee will be deducted from your next month's payroll.

**PROFESSIONAL LEAVE**

Purpose of Professional Leave \_\_\_\_\_

Location \_\_\_\_\_

Will you need a Sub?

**Funding Source for Sub:**  
 School Allocation for PD  
 Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

No Sub Employed

**SICK/MATERNITY LEAVE**

For Maternity Leave, or Sick Leave expected to last more than 5 days, will you be using:

Sick Days  
 Vacation Days  
 Personal Days  
 FMLA/Catastrophic (once Board Approved)

If applicable, attach the **FMLA & Catastrophic Sick Leave Request**, along with the appropriate supporting **Physician's Form**

\_\_\_\_\_  
Employee's Signature Date

**PERSONAL DAYS**

Day 4     Day 5

\_\_\_\_\_  
Principal's Signature \*\* Date

Approved:     Disapproved

\_\_\_\_\_  
Superintendent's Signature Date

**Day 5 only** \_\_\_\_\_

Approved:     Disapproved    **MAT**

\*\* Send to: Dayna Borden – Sick Leave, FMLA/Catastrophic form, Dr. Note, 5<sup>th</sup> Personal Day  
 Laura Johnston – 4<sup>th</sup> Personal Day, Professional Leave

## 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](mailto: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 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:*

MAT

Dr. Note:

PAS:

SLB notice:

**PHYSICIAN'S FORM TO ACCOMPANY  
REQUEST FOR MATERNITY LEAVE**



NOTE TO PHYSICIAN: We need your assistance to process a maternity leave request from one of your patients. We understand these answers are being given in advance, and are based on normal circumstances. If there are changes, complications, or extenuating circumstances, the employee may submit an updated medical certification. Based on eligibility for leave under FMLA, we allow qualified employees to have up to twelve weeks of leave. If additional medical certification is needed we will contact you as referenced in the Employee Rights and Responsibilities under FMLA, revised January 2009, U.S. Department of Labor Employment Standards.

Name of Patient \_\_\_\_\_

Anticipated Due Date \_\_\_\_\_

Do you expect that this patient will be able to perform her normal work duties with Homewood City Schools up until the time of delivery? \_\_\_ Yes \_\_\_ No

If **NO**, please provide reason \_\_\_\_\_

\_\_\_\_\_

How long after delivery will this patient be incapacitated and unable to return to work?

\_\_\_\_\_

Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of physician                      Printed Name    Date

\_\_\_\_\_  
Office Address    Office Phone Number

For additional questions please contact the HCS HR Department at 870-4203. This form must be given to the patient or faxed to 205-877-4544. Thank you for your help.