Request for Family and Medical Leave Form
Charlton County Schools
1259 Third Street
Folkston, GA 31537

Employees of the Charlton County Board of Education who have been employed for 12 months or more and who worked at least 1250 hours during that time, are entitled to 12 weeks of unpaid leave per year in connection with: Birth and first year care of a child, adoption or foster parent placement of a child, illness of an employee's spouse, child, or parent with respect to a serious health condition, defined as one that require in-patient care in a hospital, hospice or residential medical care facility, or which required continuing treatment by a health care provider, or the employee's own illness.
In accordance with FMLA, County Board of Education policy, GBRIG, as of February 1995, an employee is not eligible for unpaid leave under this policy until any paid leave provided to the employee under other Board polices has been taken.
The employee must provide a minimum of 30 day advance notice when the leave is foreseeable.

Name ________________________________ Social Security ____________________

Position ______________________________ School/Facility __________________________________

Date Submitted: _______________________ Expected Date of Return:_________________________

Please select the following reason(s) and the estimated time period of absence:
The Board of Education requires that a request for leave be supported by medical documentation from the appropriate health care provider of the eligible employee or of the son, daughter, spouse, or parent of the employee.

REASONS	FROM	TO	NUMBER OF WORK DAYS DURING PERIOD
Employee's Own Illness or Disability			
Illness or Disability of Family Member			
Childbirth			
Adoption or Foster Parent Placement of a Child			

It is requested that my absences be reported as follows (Check all that apply):

__________ABSENT WITHOUT PAY   __________ SICK LEAVE   _________VACATION

Is a substitute required? Yes____ No____

I expect to return to work on ____ (Date)

Signature of employee: ____
Upon the employee's return to work, the Board of Education requires the employee to provide certification by his or her health care provider that the employee is able to resume work.

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CENTRAL OFFICE USE ONLY

Name of long term substitute ____________________________________Level of Pay____________

Paid Days Remaining____________________________ Remaining Days Unpaid_________________

Superintendent's Signature____________________________________ Date____________________