

REGINA COELI CHILD DEVELOPMENT CENTER LEAVE REQUEST FORM

Please use a separate Leave Request Form for each different Type of Leave Requested*

Employee's Name: _____ Date of Hire: _____

Center: _____ Job Title: _____

Starting Date and Ending Dates of Leave Request

I request Leave beginning on _____ and ending on _____

I request Leave: without pay with pay **Total Number of hours requested**

Type of Leave Requested: (all leave requests must have prior approval by person(s) listed below unless due to unforeseen emergencies)

Non FMLA Leave

Medical Leave or FMLA (greater than 3 days)

FMLA - Qualifying Exigency

I am temporarily unable to work because of my own serious health condition.

I will be caring for a family member (spouse, child or parent) with a serious health condition.

Birth and care of a newborn child; the placement of a child for adoption or foster care and to care for the newly placed child.

I have attached a completed certification from a health care provider documenting my need for leave.

It is my understanding that I am eligible for up to 12 weeks of leave per year under the Family Medical Leave Act (26 workweeks for "Military Caregiver Leave") and that I will be reinstated to my job after my leave. I understand that RCCDC will continue my health insurance during my leave as per the policy. It is also my understanding that when a health care provider certifies a need for FMLA leave for a period exceeding 30 days, an employer may not require additional certifications during that period unless a request is made to extend the leave, circumstances change significantly or the employer receives information that casts doubt on the need for leave. (See 29 C.F.R. 825.308(b)(2)).

(Leave due to illness exceeding three (3) consecutive days will). It is my understanding that my employer will require a written statement from my doctor on the first day of return to work stating that I am free from communicable illness and/or able to return to work and perform my job duties.

I certify that the information on this form is true and correct and leave time requested meets the requirements as stated in the Regina Coeli Personnel Policies and Procedures.

Employee's Signature _____ Date: _____

APPROVAL TO BE COMPLETED BY PARTY AUTHORIZED IN PERSONNEL POLICIES:

Approved By: ___ Executive Director for unpaid or non-FMLA leave up to 20 days
 ___ Human Resources for any FMLA leave
 ___ RCCDC Board for unpaid or non-FMLA leave beyond 20 days

Signature _____ Date _____

(To Be Completed by Human Resources)

Notice of Eligibility sent Date:

Date/Time Returning to Work Date: Time:

Amount of Leave counted towards FMLA: