THE SCHOOL DISTRICT OF PHILADELPHIA

FAMILY & MEDICAL LEAVE ACT (FMLA) COVER SHEET

Please return this completed form via email, fax, mail or drop off for FMLA eligibility verification.

I understand that to be eligible for protected leave under the Family & Medical Leave Act, I must have been employed by the School District of Philadelphia for a cumulative total of **12 months** AND have physically worked a minimum of **1250 hours** during the 12 months before the FMLA beginning date.

_____   _____

NAME   ***EMPLOYEE ID#***

_____

STREET ADDRESS

_____

CITY, STATE, ZIP CODE

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Telephone # (Cell or Home) _____

Position: _____ **Work Location:** _____
                                                                                                    (SCHOOL OR OFFICE)

Beginning date for FMLA protection: _____
This date should match the first date you were absent or will be absent for the type of leave you will take.

Type of leave you are requesting FMLA protection for:

_____Personal illness

_____Illness in family *Relationship of family member to you:_____ *Age (if child):_____
Immediate family members covered under the FMLA law are: SPOUSE, PARENT, SON (under age 18), DAUGHTER (under age 18).

_____The birth of your child   _____Adoption/foster care placement**

_____Serious injury or illness of Servicemember** _____Qualifying Military Exigency (unpaid leave)** _____Military Caregiver**

        **These FMLA requests have specific certification forms that you will receive if you meet the FMLA eligibility requirements.*

How will you take your leave? :

_____ consecutively (an absence of more than 3 consecutive work days)

_____ intermittently (non-consecutive absences)

***If your consecutive leave will be** **less than 12 weeks**, *your FMLA request will be processed for intermittent leave.*

_____ **Check if you want your FMLA notification letters sent to your SDP email address**

            EMAIL ADDRESS:_____

OR

_____ **Check if you want your FMLA notification letters mailed to your home**

DATE CERT REQ'D/ REC'D
_____
NEW FMLA YR _____
RE-CERT _____
FOR OFFICE USE ONLY