

## FAMILY & MEDICAL LEAVE ACT (FMLA) COVER SHEET

CONTACT: [fmla@philasd.org](mailto:fmla@philasd.org)

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): \_\_\_\_\_

\_\_\_\_\_ 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 last for **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    |       |