Loyalsock Township School District
1605 Four Mile Drive
Williamsport PA 17701

Family and Medical Leave Act Application

The Family and Medical Leave Act of 1993 (FMLA) provides job-protected family and medical leave for eligible employees for four specific reasons. Leave may not total more than 12 weeks in a rolling 12-month period. Application may be made only by employees who have worked at least one year, or for 1,250 hours over the previous 12 months for Loyalsock Township School District and, except for unforeseen circumstances, must be made 30 days in advance of the leave.

Name of Employee: _____ SSN: _____

Position: _____ Work Location: _____

Reason for Requested Leave (check one box)

A. □ Birth of my son or daughter and in order to care for such son or daughter.
B. □ Placement of a son or daughter with me for adoption or foster care.
C. □ To care for my □ spouse, □ child (age____), or □ parent with a serious health condition.
D. □ My own serious health condition which makes me unable to perform the functions of my position.

Leave for type A or B must be taken within the first 12 months of birth or placement and may not be taken intermittently or on a reduced leave schedule.
Leave for type C or D must be accompanied by documentation from your health care provider.
A Return to Work Medical Certification form must be submitted to the District Service Center before you may return to work from leave for type D.

Date you request your leave to begin or estimated due date: _____

Date of anticipated return to work: _____

If requesting a reduced leave schedule or **intermittent** leave, which has been determined medically necessary based on prescribed treatment, provide a schedule of when you will not be able to work.

You may elect to use your sick leave, personal leave or vacation leave until it is depleted before going on leave without pay. Use of accrued leave will provide you with income, but will not lengthen the 12 workweeks available to you.

I □ wish □ do not wish to use my sick leave. Use _____ days.
I □ wish □ do not wish to use my personal leave. Use _____ days.
I □ wish □ do not wish to use my vacation leave. Use _____ days.

While on FMLA, you will continue to be covered under your LTSD insurance plans. You continue to pay your portion of the premium costs. Upon approval of this application, you will receive information regarding the costs of your benefits and the manner in which you are to remit payment.

_____ _____
Signature Date

Submit this form to the Benefits Department at the District Service Center, 1605 Four Mile Drive, Williamsport PA 17701, Telephone 570-326-6508, extension 1014.