

JACKSONVILLE SCHOOL DISTRICT # 117

516 Jordan Street
Jacksonville, Illinois 62650
Office: (217)243-9411
Fax: (217)243-6844



Application for Family or Medical Leave of Absence (To be completed by the Employee Requesting Leave)

Last Name First M.I.

Street Address Apartment/Unit #

City State Zip Code

Email Phone

Position Building

Reason for Leave (Please explain)

Start Date of Anticipated Leave Expected Date of Return to Work

Attached Physician's Documentation for FMLA (Documentation must be attached for form to be considered complete.)

Note: A leave request (whether for full leave or intermittent leave) based on an employee's serious health condition or the serious health condition of an employee's spouse, child, or parent must be accompanied by a verifying medical certification from a physician. All leaves, regardless of reason, must be accompanied by suitable documentation.

I hereby authorize Jacksonville School District #117, or its agents, representatives or health care providers to contact my physician to verify the reason and basis for my requested medical leave. I understand that if my leave lasts longer than 30 calendar days, I will be required to update my status every 30 days until my leave expires. When the estimated return date is less than 30 days, I understand that I will need a leave of absence form filled out by my doctor on or before my estimated return date if my leave is to be extended. Failure to provide proper documentation could result in Jacksonville School District #117 reducing or denying my leave or my STD or LTD benefits (if applicable) being denied. I understand that if my leave was for my own serious health condition, I will be required to submit a fitness for duty certification from my health care provider before I return to work. I understand a form will be provided for this certification and I may obtain that form from Jacksonville School District #117.

I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by Jacksonville School District #117.

I realize that if I provide false information on this form, I will be subject to discipline, up to and including discharge. I hereby certify that the foregoing information is true, correct and complete.

Signature of Staff Member Date

Printed Name of Supervisor Date

For Office Use Only:

Approved Denied

Date received by the Human Resources Office

Tami Stice,
Director of Human Resources

Signature of HR Director Date