

ENTERPRISE CITY SCHOOLS

EMPLOYEE MATERNITY LEAVE REQUEST

Eligibility Guidelines

Any employee with an *existing* absence exceeding 15 consecutive days or an *anticipated* absence exceeding 15 consecutive days must complete this form.

1. Family and Medical Leave Act (FMLA) is applicable to all employees who have been employed with Enterprise City Schools for at least 12 months and have worked at least 1,250 hours during that 12 month period.

FMLA entitles eligible employees to 12 weeks of unpaid leave during a 12 month period for the following reasons:
(1) Birth or first year care of a newborn child; (2) Placement of a foster child or adoption; (3) Care of a spouse, child or parent with a serious health condition; (4) Employee's own serious health condition

2. While on approved medical leave an employee can choose to take unpaid leave or use their sick, personal, flex, comp and/or vacation days (**sick leave can only be used if there is a qualifying reason as defined by state law**).

3. If the employee is a member of the sick bank, they may request to borrow up to 10 days from the sick bank. Members of the sick bank may apply for catastrophic leave if they have a catastrophic illness as defined by state law. (**Sick bank loan applications and catastrophic leave requests are reviewed by the sick bank committee to determine whether or not the request qualifies under state law and ECS board policy**)

Employee Information

Employee Name: _____ Today's Date: _____

Employee #: _____ School: _____

Leave Request Information

Reason for Leave: Birth or first year care of a newborn child Due Date: _____
 Placement of a foster child or adoption

Requested number of weeks of leave (up to 12)*: _____

***Your leave will begin the first day you are out of work. The Physician's Statement must accompany this form.**

Leave Days Requested

Check all that apply:

- I am planning to use some or all of my sick, personal, flex, comp, and vacation days
(sick leave can only be used as long as the employee or employee's spouse, child or parent are under the care of a physician)
- I am planning to request to borrow from the sick bank
(must use all sick leave first and all days borrowed must be paid back)
- I have a catastrophic illness as defined by state law and I am planning to request catastrophic leave
(If approved for catastrophic leave, employee must use all sick, personal, flex, comp, vacation and borrow all 10 days from the sick bank)
- I am planning to take some or all of my leave unpaid. I understand that if I do not have enough paid days to generate a paycheck that I am responsible for any premiums normally deducted from my pay.
(must get superintendent approval to take unpaid leave. Employees do not earn retirement credit for unpaid leave)

I understand that it is my responsibility to enter my absences in Kelly regardless of whether or not a sub is required.

(Not applicable to bus drivers or bus aides)

I understand that sick leave will end and personal, flex, vacation, comp, or unpaid leave will begin if I do not return to work within the specified number of weeks in the Physician's Statement.

I have read board policy 5.10 (Employee Leave) and policy 5.11 (Family and Medical Leave Act). I am making this request to the Enterprise City School Board.

Employee Signature _____ Date _____

Principal/Supervisor Signature _____ Date _____

Received by Payroll _____

This form along with the Physician's Statement or equivalent should be submitted to Delisa Bowman in the payroll department.